

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000092060

Entity Name: FULFILL YOUR WHOLE LIFE LLC

Current Principal Place of Business:

971 GRAND WILDMERE COVE
LONGWOOD, FL 32750

Current Mailing Address:

971 GRAND WILDMERE COVE
LONGWOOD, FL 32750 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
SAINT PETERSBURG, FL 33702 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name PROCTOR, KEVIN A
Address 971 GRAND WILDMERE COVE
City-State-Zip: LONGWOOD FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN A PROCTOR

AMBR

03/30/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date