

**2023 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: 86-2457263**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC  
7901 4TH ST N  
STE 300  
ST. 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:** DAVID ROBERTS

02/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FULFILL YOUR WHOLE LIFE LLC  
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:** FULFILL YOUR WHOLE LIFE LLC

MANAGER

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date