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. 04/16/2024 MGR

SIGNATURE: ALEJANDRA OSORIO

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000093414

Entity Name: REDEFINE WELLNESS CENTER LLC

Current Principal Place of Business:

7280 NW 7TH ST, **UNIT 109** MIAMI, FL 33126

Current Mailing Address:

7280 NW 7TH ST, **UNIT 109** MIAMI, FL 33126

FEI Number: 86-2442684

Name and Address of Current Registered Agent:

CURBELO, RUBEN A 7280 NW 7TH ST, **UNIT 109** MIAMI, FL 33126 US

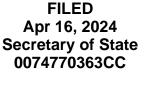
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

	(-)		
Title	MGR	Title	MGR
Name	CURBELO, RUBEN A	Name	OSORIO, ALEJANDRA
Address	7280 NW 7TH ST, UNIT 109	Address	7280 NW 7TH ST, UNIT 109
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126



Date

Certificate of Status Desired: No

Date