

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000158192

**Entity Name:** LA'VI WELLNESS, LLC

**Current Principal Place of Business:**

1501 CORPORATE DR  
SUITE 100  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1909 HARDING ST.  
LAKE WORTH BEACH, FL 33460 US

**FEI Number:** 86-3080767

**Certificate of Status Desired:** No

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

THE ANSWER MANAGEMENT SERVICES, INC.  
1501 CORPORATE DR  
SUITE 100-S18A  
BOYNTON BEACH, FL 33426 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            CEO  
Name            JEAN, MERLINN  
Address        1909 HARDING ST.  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            AMBR  
Name            DORVELIA, VERKENLY  
Address        1909 HARDING ST.  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title            AMBR  
Name            THE ANSWER MANAGEMENT  
                         SERVICES, INC.  
Address        1501 CORPORATE DR  
                         SUITE 100-S18A  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** MERLINN JEAN

**CEO**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date