

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000203753

**Entity Name:** HALO WELLNESS, LLC

**Current Principal Place of Business:**

5439 LYKES LANE  
TAMPA, FL 33611

**Current Mailing Address:**

5439 LYKES LANE  
TAMPA, FL 33611 US

**FEI Number: 87-0883744**

**Certificate of Status Desired:** No

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

MAYTS, ANDREW J JR  
101 KENNEDY BLVD SUITE 2800  
TAMPA, FL 33602 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           MANAGING MEMBER  
Name           BLANTON, KALYN C  
Address       1101 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

Title           AUTHORIZED MEMBER  
Name           THAXTON, GERALD D  
Address       1101 EAST JACKSON STREET  
City-State-Zip: TAMPA FL 33602

*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: KALYN BLANTON**

**OWNER**

**01/10/2025**

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

\_\_\_\_\_  
Date