

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000216520

**Entity Name:** HEALTH AND WELLNESS PREMIUM SERVICES LLC

**Current Principal Place of Business:**

1028 INDIAN TRACE CIRCLE  
APT 208  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

1028 INDIAN TRACE CIRCLE  
APT 208  
WEST PALM BEACH, FL 33407

**FEI Number:** 86-3988269

**Certificate of Status Desired:** No

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

DORMAND, KESANN K  
1028 INDIAN TRACE CIRCLE  
APT 208  
WEST PALM BEACH, FL 33407 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            DORMAND, KESANN K  
Address        1028 INDIAN TRACE CIRCLE, APT 208  
  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** KESANN DORMAND

AMBR

05/01/2023

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

\_\_\_\_\_  
Date