

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000232972

Entity Name: ANATOMY ANGEL WELLNESS LLC

Current Principal Place of Business:

ANATOMY ANGEL WELLNESS LLC
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH , FL 33401

Current Mailing Address:

ANATOMY ANGEL WELLNESS LLC
1645 PALM BEACH LAKES BLVD SUITE 1200
WEST PALM BEACH , FL 33401 US

FEI Number: 85-2088114

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEE, SIMONE A
328 NORTH J ST #8
LAKE WORTH, FL 33460 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 LEE, SIMONE
Address 328 NORTH J ST #8
City-State-Zip: LAKE WORTH FL 33460

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: SIMONE LEE

OWNER

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date