

**2024 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:** No

**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**

**05/01/2024**

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

\_\_\_\_\_  
Date