

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000252448

Entity Name: KOM WELLNESS LLC

Current Principal Place of Business:

9069 S DIXIE HWY
PINECREST, FL 33156

Current Mailing Address:

7441 MILLER DRIVE
MIAMI, FL 33155

FEI Number: 87-1204738

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BESTULICH, STEPHANIE CPA
890 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146 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 MGR
Name LEON, KRYSTAL
Address 14291 SW 120TH ST, 109
City-State-Zip: MIAMI FL 33186

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: KRYSTAL LEON

MGR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date