

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000282100

Entity Name: MY WELLNESS MEDICAL SERVICES LLC

Current Principal Place of Business:

2839 SW 13 COURT
FORT LAUDERDALE, FL 33312

Current Mailing Address:

2839 SW 13 COURT
FORT LAUDERDALE, FL 33312

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARISTIZABAL, IDALUZ
2839 SW 13 COURT
FORT LAUDERDALE, FL 33312 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 GENERAL MANAGER
Name ARISTIZABAL , IDALUZ
Address 2839 SW 13 COURT
City-State-Zip: FORT LAUDERDALE FL 33312

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: IDALUZ ARISTIZABAL

GENERAL MANAGER

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date