

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L21000313834

**Entity Name:** POINCIANA WELLNESS LLC

**Current Principal Place of Business:**

3220 W FIELDER ST  
TAMPA, FL 33611

**Current Mailing Address:**

3220 W FIELDER ST  
TAMPA, FL 33611 US

**FEI Number:** 87-1598406

**Certificate of Status Desired:** No

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

DUVAL, DANIELLE  
3220 W FIELDER ST  
TAMPA, FL 33611 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              | Title           | AUTHORIZED MEMBER |
| Name            | DUVAL, DANIELLE   | Name            | DUVAL, DEBORAH    |
| Address         | 3220 W FIELDER ST | Address         | 3510 NAKORA DR    |
| City-State-Zip: | TAMPA FL 33611    | City-State-Zip: | TAMPA FL 33618    |

*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:** DANIELLE DUVAL

AMBR

06/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date