

2024 FLORIDA LIMITED LIABILITY COMPANY 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: DUVAL, DANIELLE

AMBR

01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date