

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000316670

Entity Name: TURTLE ISLAND WELLNESS & THERAPY SERVICES, LLC

Current Principal Place of Business:

14800 COYOTE RD
HUDSON, FL 34669

Current Mailing Address:

14800 COYOTE RD
HUDSON, FL 34669 US

FEI Number: 87-1868905

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHABAZZ, LAHKIM H
14800 COYOTE RD
HUDSON, FL 34669 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 SHABAZZ, ALICIA A
Address 14800 COYOTE RD
City-State-Zip: HUDSON FL 34669

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: ALICIA SHABAZZ

MGR

04/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date