### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000404451

Entity Name: LELY MED SPA & WELLNESS CLINIC, LLC

# **Current Principal Place of Business:**

8950 SW 74 COURT **SUITE 1207** MIAMI, FL 33156

## **Current Mailing Address:**

8950 SW 74 COURT **SUITE 1207** MIAMI, FL 33156 US

FEI Number: 87-2661215 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

TARRIO, EDILEIDIS 751 NE 2ND PL HIALEAH, FL 33010 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: EDILEIDIS TARRIO 04/08/2025

Electronic Signature of Registered Agent

Date

Date

**FILED** Apr 08, 2025

**Secretary of State** 

9477801405CC

### Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

TARRIO, EDILEIDIS Name Name MINER, BENJAMIN J. 751 NE 2ND PL 751 NE 2ND PL Address Address City-State-Zip: HIALEAH FL 33010 City-State-Zip: HIALEAH FL 33010

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.

04/08/2025 SIGNATURE: BENJAMIN MINER **MEMBER** 

Electronic Signature of Signing Authorized Person(s) Detail