

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000445544

**Entity Name:** DIVINE SOUL WELLNESS LLC

**Current Principal Place of Business:**

160 SW PEACOCK BLVD  
APT 202  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

160 SW PEACOCK BLVD  
APT 202  
PORT ST LUCIE, FL 34986 UN

**FEI Number:** 87-3589585

**Certificate of Status Desired:** Yes

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

STEVENS, RACHEL  
160 SW PEACOCK BLVD  
APT 202  
PORT ST LUCIE, FL 34986 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           MANAGER, AUTHORIZED MEMBER,  
                  AUTHORIZED REPRESENTATIVE  
  
Name           STEVENS, RACHEL  
  
Address        160 SW PEACOCK BLVD.  
                  APT 202  
  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** RACHEL STEVENS

**MANAGER**

**04/30/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date