

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000451152

Entity Name: AURA WELLNESS, LLC

Current Principal Place of Business:

4895 WINDWARD PASSAGE DR
SUITE 4
BOYNTON BEACH, FL 33436-7741

Current Mailing Address:

4895 WINDWARD PASSAGE DR
SUITE 4
BOYNTON BEACH, FL 33436-7741 US

FEI Number: 88-0580516

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BARTOLOME, MARIQUITA
4125 KEY LIME BLVD
BOYNTON BEACH, FL 33436 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: MARIQUITA BARTOLOME

02/09/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BARTOLOME, MARIQUITA
Address 4125 KEY LIME BLVD
City-State-Zip: BOYNTON BEACH FL 33436

Title AMBR
Name TYSON, ANASTASIA
Address 4125 KEY LIME BLVD
City-State-Zip: BOYNTON BEACH FL 33436

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: MARIQUITA BARTOLOME

PRESIDENT

02/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date