

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:** No

**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

12/12/2022

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 ROMAN, GINETTE  
Address 4153 SW 47TH AVENUE  
147  
City-State-Zip: DAVIE FL 33314

*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

**MANAGER**

12/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date