

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000454835

**Entity Name:** REVELUP WELLNESS LLC

**Current Principal Place of Business:**

2065 STRATFORD DR.  
DELAND, FL 32724

**Current Mailing Address:**

2065 STRATFORD DR  
DELAND, FL 32724 US

**FEI Number:** 87-3471486

**Certificate of Status Desired:** No

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

LANG, ELYSHA R  
2065 STRATFORD DR.  
DELAND, FL 32724 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 LANG, ELYSHA R  
Address 2065 STRATFORD DR.  
City-State-Zip: DELAND FL 32724

*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:** ELYSHA LANG

**OWNER**

**03/06/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date