

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000043891

**Entity Name:** WELLNESS SUPPLEMENTS LLC

**Current Principal Place of Business:**

9055 W VETERANS DR  
HOMOSASSA, FL 34448

**Current Mailing Address:**

9055 W VETERANS DR  
HOMOSASSA, FL 34448 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KOSYAK, PAVEL  
9055 W VETERANS DR  
HOMOSASSA, FL 34448 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 KOSYAK, PAVEL  
Address 1837 JUNE BERRY ST  
City-State-Zip: CLERMONT FL 34715-6887

*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:** PAVEL KOSYAK

CEO

05/01/2023

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

\_\_\_\_\_  
Date