

2024 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

MEMBER

01/19/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date