

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000074782

Entity Name: AVE WELLNESS LLC

Current Principal Place of Business:

2570 POST STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2570 POST ST
JACKSONVILLE, FL 32204 US

FEI Number: 88-0910243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENGLE, LILIT G
2570 POST ST
JACKSONVILLE, FL 32204 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 PRES
Name ENGLE, LILIT G
Address 2570 POST STREET
City-State-Zip: JACKSONVILLE FL 32204

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: LILIT G. ENGLE

PRESIDENT

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date