

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000247102

Entity Name: WILSON HEALTH COACHING, LLC

Current Principal Place of Business:

214 EMERALD BEACH CIRCLE,
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

214 EMERALD BEACH CIRCLE,
SANTA ROSA BEACH, FL 32459 US

FEI Number: 88-2773183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALYSON P. WILSON
214 EMERALD BEACH CIRCLE,
SANTA ROSA BEACH, FL 32459 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 ALYSON P. WILSON
Address 214 EMERALD BEACH CIRCLE,
City-State-Zip: SANTA ROSA BEACH FL 32459

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: ALYSON P WILSON

MGR

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date