

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000282199

**Entity Name:** HOPE 4 WELLNESS L. L. C.

**Current Principal Place of Business:**

885 SW 173RD AVE  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

1038 NE 215TH STREET  
MIAMI, FL 33179 US

**FEI Number:** 35-2761748

**Certificate of Status Desired:** No

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

MORRIS, ELAINE  
885 SW 173RD AVE  
PEMBROKE PINES, FL 33029 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 MORRIS, ELAINE  
Address 885 SW 173 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR  
Name MORRIS, DAVID  
Address 885 SW 173 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** ELAINEMORRIS

MGR.

04/08/2024

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

\_\_\_\_\_  
Date