

2023 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:

885 SW 173RD AVE
PEMBROKE PINES, FL 33029

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: ELAINE MORRIS

MANAGER

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date