2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
7893903080CC

DOCUMENT# L22000303739

Entity Name: FLEXHAUS WELLNESS LLC

Current Principal Place of Business:

3355 ANTICA ST
FORT MYERS, FL 33905

Current Mailing Address:

3355 ANTICA ST
FORT MYERS, FL 33905 US

FEI Number: 88-3131264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CULPEPPER, JAMIE H
3355 ANTICA ST
FORT MYERS, FL 33905 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	CULPEPPER, JAMIE H
Address	3355 ANTICA ST
City-State-Zip:	FORT MYERS FL 33905

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: JAMIE CULPEPPER MGR 04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date