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. 03/12/2023 SIGNATURE: KATIA LOUIS JEAN CO OWNER

Electronic Signature of Signing Authorized Person(s) Detail

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000307443

Entity Name: REMKA TOTAL CARE AND WELLNESS LLC

#### **Current Principal Place of Business:**

20505 E COUNTRY CLUB DRIVE **UNIT 138** AVENTURA, FL 33180

## **Current Mailing Address:**

20505 E COUNTRY CLUB DRIVE **UNIT 138** AVENTURA, FL 33180 US

#### FEI Number: 88-3227591

## Name and Address of Current Registered Agent:

PIERRE, REMERCILE DR. 18181 NE 31ST COURT PH 8 AVENTURA, FL 33160 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

Authorized Person(s) Detail :			
Title	AP	Title	AP
Name	PIERRE, REMERCILE DR.	Name	LOUIS JEAN, KATIA
Address	18181 NE 31ST COURT , PH 8	Address	6879 BIG PINE KEY ST.
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	LAKE WORTH FL 33467

Certificate of Status Desired: Yes

FILED Mar 12, 2023 Secretary of State 4374055556CC

Date

Date