

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000327377

Entity Name: FIVE BRANCH HEALTH & WELLNESS LLC

Current Principal Place of Business:

304 NORTHWEST 26TH STREET
GAINESVILLE, FL 32607

Current Mailing Address:

304 NORTHWEST 26TH STREET
GAINESVILLE, FL 32607 US

FEI Number: 88-3510382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICHOLSON, RONALD A
304 NORTHWEST 26TH STREET
GAINESVILLE, FL 32607 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 NICHOLSON, RONALD A
Address 304 NORTHWEST 26TH STREET
City-State-Zip: GAINESVILLE FL 32607

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: RONALD A NICHOLSON

OWNER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date