

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000401232

**Entity Name:** HARMONY HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

202 FRANKLIN CLUB DR  
4304  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

202 FRANKLIN CLUB DR  
4304  
DELRAY BEACH, FL 33483 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BARTLETT, EMMA R  
202 FRANKLIN CLUB DR  
4304  
DELRAY BEACH, FL 33483 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           MANAGER  
Name           BARTLETT, EMMA ROSE  
Address        202 FRANKLIN CLUB DR  
                  APT 4304  
City-State-Zip: DELRAY BEACH FL 33483

*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:** EMMA ROSE BARTLETT

**MANAGER**

**04/29/2023**

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

\_\_\_\_\_  
Date