

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000441773

Entity Name: E WELLNESS THERAPY, PLLC

Current Principal Place of Business:

6365 COLLINS AVENUE
2501
MIAMI BEACH, FL 33141

Current Mailing Address:

6365 COLLINS AVENUE
2501
MIAMI BEACH, FL 33141

FEI Number: 92-1281033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLOMON, EVELYN
6365 COLLINS AVENUE
2501
MIAMI BEACH, FL 33141 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 SOLOMON, EVELYN
Address 6365 COLLINS AVENUE APT. 2501
City-State-Zip: MIAMI BEACH FL 33141

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: EVELYN SOLOMON

MGR

03/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date