

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000452736

**Entity Name:** KENDALL WELLNESS CENTER LLC

**Current Principal Place of Business:**

16093 SW 72ND TERR  
MIAMI, FL 33193

**Current Mailing Address:**

16093 SW 72ND TERR  
MIAMI, FL 33193

**FEI Number:** 92-0764518

**Certificate of Status Desired:** No

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

ALONSO, ADRIAN S  
16093 SW 72ND TERR  
MIAMI, FL 33193 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:** ADRIAN ALONSO

06/19/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIR  
Name ALONSO, SAMANTHA  
Address 16093 SW 72ND TERR  
City-State-Zip: MIAMI FL 33193

*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:** SAMANTHA ALONSO

CMO

06/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date