

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000478590

**Entity Name:** ERNAGIZED HEALTH & WELLNESS LLC

**Current Principal Place of Business:**

6266 S CONGRESS AVE  
SUITE L15  
LANTANA, FL 33462

**Current Mailing Address:**

1327 FAIRFAX CIR E  
BOYNTON BEACH, FL 33436

**FEI Number:** 92-0926386

**Certificate of Status Desired:** No

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

LOUIS, MYRTHA  
1327 FAIRFAX CIR E  
BOYNTON BEACH, FL 33436 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 LOUIS, MYRTHA  
Address 6266 S CONGRESS AVE SUITE L15  
City-State-Zip: LANTANA FL 33462

*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:** MYRTHA LOUIS

**OWNER**

**04/27/2024**

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

\_\_\_\_\_  
Date