

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000507737

**Entity Name:** AMAZONIAWELLNESSERVICES, LLC

**Current Principal Place of Business:**

12001 NW 4TH ST.  
PLANTATION, FL 33325

**Current Mailing Address:**

12001 NW 4TH ST.  
PLANTATION, FL 33325 US

**FEI Number:** 92-1254435

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
36  
ORLANDO, FL 32822 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 AMBR  
Name SOTO, ALBERTO A  
Address 12001 NW 4TH ST.  
City-State-Zip: PLANTATION FL 33325

Title AMBR  
Name SOTO, ROSANNA  
Address 12001 NW 4TH ST.  
City-State-Zip: PLANTATION FL 33325

Title AMBR  
Name SOTO, TERESA E  
Address 12001 NW 4TH ST.  
City-State-Zip: PLANTATION FL 33325

*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:** ROSANNA SOTO

AMBR

01/31/2023

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

\_\_\_\_\_  
Date