

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000514084

Entity Name: THERAPEUTIC NUTRITION AND WELLNESS LLC

Current Principal Place of Business:

602 EXECUTIVE CENTER DRIVE
APT. 2202
WEST PALM BEACH, FL 33401

Current Mailing Address:

602 EXECUTIVE CENTER DRIVE
APT. 2202
WEST PALM BEACH, FL 33401 US

FEI Number: 92-1292065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORISOVA, OLGA
602 EXECUTIVE CENTER DRIVE
APT 2202
WEST PALM BEACH, FL 33401 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: OLGA BORISOVA

02/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name BORISOVA, OLGA
Address 602 EXECUTIVE CENTER DRIVE, APT.
2202
City-State-Zip: WEST PALM BEACH FL 33401

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: OLGA BORISOVA

02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date