

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000533899

Entity Name: DRIPTIDE WELLNESS SAFETY HARBOR LLC

Current Principal Place of Business:

2519 N MCMULLEN BOOTH RD
SUITE 510-244
CLEARWATER, FL 33761

Current Mailing Address:

2519 N MCMULLEN BOOTH RD
SUITE 510-244
CLEARWATER, FL 33761 US

FEI Number: 92-1540071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NUGENT ENTERPRISES, LLC
2519 N MCMULLEN BOOTH RD
SUITE 510-244
CLEARWATER, FL 33761 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 DRIPTIDE WELLNESS, LLC
Address 2519 N MCMULLEN BOOTH RD
SUITE 510-244
City-State-Zip: CLEARWATER FL 33761

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: MICHAEL NUGENT

RA

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date