

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000018498

Entity Name: MOTION WELLNESS, LLC

Current Principal Place of Business:

510 SW 5TH TERRACE SUITE #B
WILLISTON, FL 32696

Current Mailing Address:

510 SW 5TH TERRACE SUITE #B
WILLISTON, FL 32696 US

FEI Number: 92-2047129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FONTAINE, RICHARD J III
510 SW 5TH TERRACE SUITE #B
WILLISTON, FL 32696 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 FONTAINE, MEGAN E
Address 6740 NW 48TH TERR.
City-State-Zip: OCALA FL 34482

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: MEGAN FONTAINE

MANAGER

02/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date