

**2024 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 E. FONTAINE

MGR

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date