

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L23000161177

**Entity Name:** EUROPEAN WELLNESS, LLC

**Current Principal Place of Business:**

3310 MARY STREET  
SUITE 501  
MIAMI, FL 33133

**Current Mailing Address:**

3310 MARY STREET  
SUITE 501  
MIAMI, FL 33133 US

**FEI Number:** 92-3670984

**Certificate of Status Desired:** Yes

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

D'ANIELLO, PHIL A  
1325 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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            MUKTANANDA, SHRI  
Address        3310 MARY STREET SUITE 501  
City-State-Zip: MIAMI FL 33133

Title            MGR  
Name            MISHRA, JAGADGURU SAI MAA  
                    LAKSHMI DEVI  
Address        1313 TURNER PLACE  
City-State-Zip: NAPLES FL 34110

*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:** SHRI MUKTANANDA

**MGR**

**10/30/2025**

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

\_\_\_\_\_  
Date