

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000208895

Entity Name: NEW HORIZONS WELLNESS, LLC

Current Principal Place of Business:

20900 NE 30TH AVENUE 8TH FLOOR
AVENTURA, FL 33180

Current Mailing Address:

20900 NE 30TH AVENUE 8TH FLOOR
AVENTURA, FL 33180 US

FEI Number: 92-3940826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS, INC.
7901 4TH STREET N, SUITE 300
ST. PETERSBURG, FL 33702 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 RAZAVI, ALI
Address 20900 NE 30TH AVENUE 8TH FLOOR
City-State-Zip: AVENTURA FL 33180

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: ALI RAZAVI

MANAGER

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date