

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000410057

**Entity Name:** ROLANDO POSADA WELLNESS COUNSELOR LLC

**Current Principal Place of Business:**

6020 NW 99AV  
UNIT 309  
DORAL, FL 33178

**Current Mailing Address:**

10333 NW 89TH TERRACE  
DORAL, FL 33178 US

**FEI Number:** 93-3328070

**Certificate of Status Desired:** No

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

POSADA, ROLANDO A  
10333 NW 89TH TERRACE  
DORAL, FL 33178 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            PRESIDENT  
Name            POSADA, ROLANDO A  
Address        10333 NW 89TH TERRACE  
City-State-Zip: DORAL 33178

*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:** ROLANDO A POSADA

**PRESIDENT**

**01/25/2024**

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

\_\_\_\_\_  
Date