

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000411385

Entity Name: DORAL WELLNESS, LLC

Current Principal Place of Business:

11327 NW 58TH TERRACE
DORAL, FL 33178

Current Mailing Address:

11327 NW 58TH TERRACE
DORAL, FL 33178 US

FEI Number: 93-3284921

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLALEVER, ANDRES
11327 NW 58TH 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 MGR
Name VILLALEVER, ANDRES
Address 11327 NW 58TH TERRACE
City-State-Zip: DORAL FL 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: VILLALEVER , ANDRES

MGR

06/09/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date