

**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