

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000473095

**Entity Name:** JLR WELLNESS, LLC

**Current Principal Place of Business:**

2724 NE 18TH STREET  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

2724 NE 18TH STREET  
FORT LAUDERDALE, FL 33305 US

**FEI Number:** 93-4041191

**Certificate of Status Desired:** No

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

RABY, JUSTIN L  
2724 NE 18TH STREET  
FORT LAUDERDALE, FL 33305 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            RABY, JUSTIN L  
Address        2724 NE18TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33305

*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:** JUSTIN RABY

MGR

02/12/2024

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

\_\_\_\_\_ Date