

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000496301

**Entity Name:** ELIZABETH ASHLEY WELLNESS LLC

**Current Principal Place of Business:**

1145 AUDACE AVE APT 203  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1145 AUDACE AVE APT 203  
BOYNTON BEACH, FL 33426

**FEI Number:** 93-4237581

**Certificate of Status Desired:** Yes

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

KUNTZ, ELIZABETH  
1145 AUDACE AVE APT 203  
BOYNTON BEACH, FL 33426 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            P  
Name            KUNTZ, ELIZABETH  
Address        1145 AUDACE AVE APT 203  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** ELIZABETH KUNTZ

P

03/04/2024

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

\_\_\_\_\_ Date