

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000538245

**Entity Name:** CHANNEL WELLNESS LLC

**Current Principal Place of Business:**

1300 NW 17TH AVENUE #164  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1300 NW 17TH AVE #164  
DELRAY BEACH, FL 33445 US

**FEI Number:** 93-4726516

**Certificate of Status Desired:** No

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

TUAN, ERIC  
1880 N. CONGRESS AVE., STE. 307  
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 MGR  
Name G & CASPER LLC  
Address 1300 NW 17TH AVE #164  
City-State-Zip: DELRAY BEACH FL 33445

Title MGR  
Name G ATLANTIC LLC  
Address 1300 NW 17TH AVE #164  
City-State-Zip: DELRAY BEACH FL 33445

Title MGR  
Name SHADEZ OF WEST PALM LLC  
Address 1300 NW 17TH AVE #164  
City-State-Zip: DELRAY BEACH FL 33445

*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:** LORAIN KUPPE CARROZZA

**PARTNER**

**02/17/2024**

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

\_\_\_\_\_  
Date