

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000293982

Entity Name: RIPTIDES INFUSIONS & WELLNESS, LLC

Current Principal Place of Business:

5954 PARK RIDGE DRIVE
PORT ORANGE, FL 32127

Current Mailing Address:

5954 PARK RIDGE DRIVE
PORT ORANGE, FL 32127 US

FEI Number: 99-3814547

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLOVER, MICHAELA
5954 PARK RIDGE DRIVE
PORT ORANGE, FL 32127 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 AMBR
Name SLOVER, MICHAELA
Address 5954 PARK RIDGE DRIVE
City-State-Zip: PORT ORANGE FL 32127

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: SLOVER, MICHAELA

AMBR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date