

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000471989

**Entity Name:** THE HEALTH AND WELLNESS LIFESTYLE GROUP LLC

**Current Principal Place of Business:**

3420 DANDOLO CIRCLE  
CAPE CORAL, FL 33909

**Current Mailing Address:**

3420 DANDOLO CIRCLE  
CAPE CORAL, FL 33909

**FEI Number: 33-3971782**

**Certificate of Status Desired: No**

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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           MANAGER  
Name           MALONE, RALPH  
Address        5251 ECLECTIC WAY NE  
City-State-Zip: HUNTSVILLE AL 35811

*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: RALPH MALONE**

**DIRECTOR**

**05/01/2026**

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

\_\_\_\_\_  
Date