

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000010855

**Entity Name:** BRAVO WELLNESS, LLC

**Current Principal Place of Business:**

20445 EMERALD PARKWAY DR.  
SUITE 400  
CLEVELAND, OH 44135

**Current Mailing Address:**

20445 EMERALD PARKWAY DR.  
SUITE 400  
CLEVELAND, OH 44135 US

**FEI Number:** 61-1739182

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           PSHOCK, JAMES  
Address        20445 EMERALD PARKWAY DR.  
                  SUITE 400  
City-State-Zip: CLEVELAND OH 44135

Title           MANAGER  
Name           HARRIS, JOHN  
Address        20445 EMERALD PARKWAY DR.  
                  SUITE 400  
City-State-Zip: CLEVELAND OH 44135

Title           MANAGER  
Name           TROUTEN, FLOYD  
Address        20445 EMERALD PARKWAY DR.  
                  SUITE 400  
City-State-Zip: CLEVELAND OH 44135

Title           CFO  
Name           ABBUHL, DENNIS R JR.  
Address        20445 EMERALD PARKWAY DR.  
                  SUITE 400  
City-State-Zip: CLEVELAND OH 44135

Title           MANAGER  
Name           STOBO, JOHN  
Address        20445 EMERALD PARKWAY DR.  
                  SUITE 400  
City-State-Zip: CLEVELAND OH 44135

Title           MANAGER  
Name           O'DONNELL, MICHAEL  
Address        20445 EMERALD PARKWAY DR.  
                  SUITE 400  
City-State-Zip: CLEVELAND OH 44135

Title           MANAGER  
Name           MOTTA, MICHAEL  
Address        20445 EMERALD PARKWAY DR.  
                  SUITE 400  
City-State-Zip: CLEVELAND OH 44135

*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:** DENNIS R. ABBUHL JR.

**CFO**

**03/16/2023**

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

\_\_\_\_\_  
Date