

2021 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

04/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date