

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000007100

**Entity Name:** REZOLUT WELLNESS, LLC

**Current Principal Place of Business:**

FIFTEEN PIEDMONT CENTER  
3575 PIEDMONT ROAD SUITE 1150  
ATLANTA, GA 30305

**Current Mailing Address:**

FIFTEEN PIEDMONT CENTER  
3575 PIEDMONT ROAD SUITE 1150  
ATLANTA, GA 30305 US

**FEI Number:** 87-0870959

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            CEO  
Name            KIM, JIN  
Address        FIFTEEN PIEDMONT CENTER  
                  3575 PIEDMONT ROAD SUITE 1150  
City-State-Zip: ATLANTA GA 30305

Title            SECRETARY  
Name            DULOCK, KYLE J  
Address        FIFTEEN PIEDMONT CENTER  
                  3575 PIEDMONT ROAD SUITE 1150  
City-State-Zip: ATLANTA GA 30305

Title            CFO  
Name            LUCHT, DANIEL  
Address        FIFTEEN PIEDMONT CENTER  
                  3575 PIEDMONT ROAD SUITE 1150  
City-State-Zip: ATLANTA GA 30305

*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:** KYLE J. DULOCK

**SECRETARY**

**03/07/2024**

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

\_\_\_\_\_  
Date