

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000366796

**Entity Name:** NOEL MURRAY WELLNESS, LLC

**Current Principal Place of Business:**

7300 NW 1ST. ST.  
APT. 101  
PLANTATION, FL 33317

**Current Mailing Address:**

7300 NW 1ST. ST.  
APT. 101  
PLANTATION, FL 33317 US

**FEI Number:** 85-3959732

**Certificate of Status Desired:** No

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

MURRAY, NOEL  
7300 NW 1ST. ST.  
APT. 101  
PLANTATION, FL 33317 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 MGR  
Name MURRAY, NOEL  
Address 7300 NW 1ST. ST. APT. 101  
City-State-Zip: PLANTATION FL 33317

*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:** NOEL S MURRAY

01/31/2024

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date