

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000086040

**Entity Name:** KEETON WELLNESS CENTER LLC

**Current Principal Place of Business:**

1070 MONTGOMERY RD  
SUITE 2107  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 470341  
LAKE MONROE, FL 32747

**FEI Number:** 86-2348579

**Certificate of Status Desired:** Yes

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

MITCHELL S, HEROD M  
920 W 11TH ST  
SANFORD, FL 32771 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 OWNER  
Name MITCHELL, SHEROD M  
Address 920 W 11TH ST  
City-State-Zip: SANFORD 32771

Title MANAGER  
Name STARLING, JULIA  
Address 107 ELISSAR DR  
City-State-Zip: DEBARY FL 32713

Title MANAGER  
Name COLLINS, ALISHA  
Address 30 LAUREL CANYON VILLAGE CIR  
8405  
City-State-Zip: CANTON GA 30114

*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:** SHEROD M MITCHELL

**OWNER**

**03/16/2022**

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

\_\_\_\_\_  
Date