

2023 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: No

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

Title PRESIDENT
Name COLLINS, ALISHA
Address 920 W 11TH ST
City-State-Zip: SANFORD FL 32771

Title AUTHORIZED REPRESENTATIVE
Name HARRIS , NOVAH-RAE S
Address 920 W 11TH ST
City-State-Zip: SANFORD FL 32771

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 MITCHELL

OWNER

04/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date