

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000274630

**Entity Name:** HYDRAVITE WELLNESS CENTER LLC

**Current Principal Place of Business:**

235 PAQUITA CIR SW  
PALM BAY, FL 32908

**Current Mailing Address:**

177 COPENHAVER AVE  
PALM BAY, FL 32907

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

GIBSON, SAMANTHA  
235 PAQUITA CIR SW  
PALM BAY, FL 32908 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	Title	CEO
Name	GIBSON, SAMANTHA	Name	EMILE, NICKLINE
Address	177 COPENHAVER AVE	Address	235 PAQUITA CIR SW
City-State-Zip:	PALM BAY FL 32907	City-State-Zip:	PALM BAY FL 32907
Title	CFO	Title	AUTHORIZED MEMBER
Name	GIBSON, SAMANTHA	Name	EMILE, NICKLINE
Address	177 COPENHAVER AVE	Address	235 PAQUITA CIR SW
City-State-Zip:	PALM BAY FL 32907	City-State-Zip:	PALM BAY 32908

*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:** NICKLINE EMILE

CEO

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date