

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000281334

Entity Name: ELEMENTS OF WELLNESS , LLC

Current Principal Place of Business:

10542 S US 1
208
FORT PIERCE, FL 34952

Current Mailing Address:

10542 S US 1
208
FORT PIERCE, FL 34952 US

FEI Number: 88-2957690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELL J, ANAE
10269 SW VILLAGE PARKWAY
APT 208
PORT ST LUCIE, FL 34987 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 MGRM
Name SOLOMON, JANA
Address 10542 S US 1
City-State-Zip: FORT PIERCE FL 34952

Title MGRM
Name BELL, JANA
Address 10542 S US 1
City-State-Zip: FORT PIERCE FL 34952

Title MGRM
Name HARRIS, QUINTINA
Address 10542 S US 1
City-State-Zip: FORT PIERCE FL 34952

Title MGRM
Name ALCEUS, REHEMA
Address 10542 S US 1
208
City-State-Zip: FORT PIERCE FL 34952

Title MGRM
Name RIVERA, STEPHANY
Address 10542 S US 1
City-State-Zip: FORT PIERCE FL 34952

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: JANA BELL

MNGR

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date