

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000347238

Entity Name: BALANCE COUNSELING AND WELLNESS LLC

Current Principal Place of Business:

3980 TAMPA ROAD SUITE 202
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 541
SAFETY HARBOR, FL 34695 US

FEI Number: 88-3843941

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISH, STACEY L
3980 TAMPA ROAD SUITE202
OLDSMAR, FL 34677 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 AMBR
Name FISH, STACEY L
Address PO BOX 541
City-State-Zip: SAFETY HARBOR FL 34695

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: STACEY FISH

LMHC

02/14/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date