

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000404860

**Entity Name:** SUKHA WELLNESS LLC

**Current Principal Place of Business:**

8300 NW 102ND AVENUE  
APT 401  
DORAL, FL 33178

**Current Mailing Address:**

8300 NW 102ND AVENUE  
APT 401  
DORAL, FL 33178 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SILVA, LUDMILLA  
8300 NW 102ND AVENUE  
APT 401  
DORAL, FL 33178 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 RIZARDI MARTINS, JOAO VINICIUS  
Address 8300 NW102ND AVENUE  
City-State-Zip: DORAL FL 33178

*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:** JOAO VINICIUS RIZARDI MARTINS

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date