

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000535388

**Entity Name:** PROEXPRESS WELLNESS LABS LLC

**Current Principal Place of Business:**

1317 EDGEWATER DRIVE  
5004  
ORLANDO, FL 32804

**Current Mailing Address:**

1317 EDGEWATER DRIVE  
5004  
ORLANDO, FL 32804

**FEI Number:** 93-4748692

**Certificate of Status Desired:** No

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

FRANCIS, STEPHANIE  
1317 EDGEWATER DRIVE  
5004  
ORLANDO, FL 32804 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  
Name FRANCIS, STEPHANIE  
Address 1317 EDGEWATER DR #5004  
City-State-Zip: ORLANDO FL 32804

Title MGR  
Name FOLKES, HOPETON  
Address 1317 EDGEWATER DR #5004  
City-State-Zip: ORLANDO FL 32804

*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:** HOPETON FOLKES

MGR

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date