reby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signa	ture shall have the same legal effect as if made

de under I here 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.

MGR

SIGNATURE: NANCY MURCIA

The above hamed e		n onlanging no i	egistered enice er	rogiotorou	agoni, or boin,
0.0					

Name and Address of Current Registered Agent:

SALINAS, ROBERT 1001 N FEDERAL HWY STE 202 HALLANDALE BEACH, FL 33009 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: ROBERT SALINAS

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER
Name	MURCIA , NANCY
Address	1250 EAST HALLANDALE BEACH BLVD 208
City-State-Zip:	HALLANDALE BEACH FL 33009

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000101787

Entity Name: SYNERGY INTEGRATIVE HEALTH AND WELLNESS, LLC

Current Principal Place of Business:

1250 EAST HALLANDALE BEACH BLVD 208 HALLANDALE BEACH, FL 33009

Current Mailing Address:

1250 EAST HALLANDALE BEACH BLVD 208 HALLANDALE BEACH, FL 33009 US

FEI Number: 46-1108216

08/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

FILED Aug 03, 2021 Secretary of State 6503992304CC

Certificate of Status Desired: No

08/03/2021 Date

Date