

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000000024

Entity Name: HEALTH E SCAPE LLC

Current Principal Place of Business:

1902 E CROSS STREET
PLANT CITY, FL 33563

Current Mailing Address:

1902 E CROSS STREET
PLANT CITY, FL 33563 US

FEI Number: 47-2670432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 MORTON, JAY
Address PO BOX 4835
City-State-Zip: PLANT CITY FL 33566

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: JAY MORTON

MEMBER

11/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date