

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000061318

**Entity Name:** SAFE HOUSE WELLNESS CENTER, LLC

**Current Principal Place of Business:**

8409 FOREST HILLS DR  
102  
CORAL SPRINGS, FL 33065-5458

**Current Mailing Address:**

8409 FOREST HILLS DR  
102  
CORAL SPRINGS, FL 33065-5458 US

**FEI Number:** 47-3657594

**Certificate of Status Desired:** No

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

ROLDAN, GLENDALEE  
8409 FOREST HILLS DR  
102  
CORAL SPRINGS, FL 33065-5458 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:** GLENDALEE ROLDAN

10/29/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROLDAN, GLENDALEE  
Address 8409 FOREST HILLS DR  
102  
City-State-Zip: CORAL SPRINGS FL 33065-5458

*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:** GLENDALEE ROLDAN

MANAGING MEMBER

10/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date