

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000062835

Entity Name: HOLTZMAN WELLNESS SERVICES LLC

Current Principal Place of Business:

5207 MYRTLEWOOD DR
SANFORD, FL 32771

Current Mailing Address:

5207 MYRTLEWOOD DR
SANFORD, FL 32771 US

FEI Number: 81-3335889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLTZMAN, SARA
5207 MYRTLEWOOD DR
SANFORD, FL 32771 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: SARA N HOLTZMAN

10/04/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name HOLTZMAN, SARA
Address 5207 MYRTLEWOOD DR
City-State-Zip: SANFORD FL 32771

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: SARA N HOLTZMAN

10/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date