

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000090064

Entity Name: REFRESH HYPNOTHERAPY AND CLINICAL SERVICES

Current Principal Place of Business:

880 MANDALAY AVE
APT S302
CLEARWATER BEACH, FL 33767

Current Mailing Address:

880 MANDALAY AVE
APT S302
CLEARWATER BEACH, FL 33767 US

FEI Number: 81-2943471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLIER, KRISTIE D
880 MANDALAY AVE
APT S302
CLEARWATER BEACH, FL 33767 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 Klier, Kristie
Address 880 MANDALAY AVE
APT S302
City-State-Zip: CLEARWATER BEACH FL 33767

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: KRISTIE KLIER

KRISTIE KLIER

03/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date