

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED
Jul 05, 2017
Secretary of State
CC0203391553**

Entity Name: THE HORMONE RESTORATION CENTER LLC

Current Principal Place of Business:

12889 HWY 98 WEST
SUITE 107B
MIRAMAR BEACH, FL 32550

Current Mailing Address:

139 RHODES COVE
SRB, FL 32459

FEI Number: 47-4135963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHERN, RICHARD P
139 RHODES COVE
SRB, FL 32459 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	Title	MGR
Name	CHERN, RICHARD	Name	MONTI, AMANDA
Address	139 RHODES COVE	Address	139 RHODES COVE
City-State-Zip:	SRB FL 32459	City-State-Zip:	SRB FL 32459

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: RICHARD CHERN

OWNER

07/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date