

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000065680

Entity Name: EH3 HEALTHCARE STAFFING SOLUTIONS LLC

Current Principal Place of Business:

5401 S KIRKMAN RD
ORLANDO, FL 32819

Current Mailing Address:

2637 E ATLANTIC BLVD #16903
POMPANO BEACH, FL 33062

FEI Number: 35-2589916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED CORPORATE AGENT SERVICES LLC
31 BOHENIA CIR S
CLEARWATER, 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 MBS HOLISTIC HEALING LLC
Address 2637 E ATLANTIC BLVD # 16903
City-State-Zip: POMPANO BEACH FL 33062

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: MBS HOLISTIC HEALING LLC

MGR

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date