

**2020 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:**

BOX A MILLION NO. 1 CORP  
2637 E ATLANTIC BLVD  
16903  
POMPANO BEACH, FL 33062 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: SCOTT GRADNER**

**06/29/2020**

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: POMPAN 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: SCOTT GARDNER**

**EXECUTIVE DIRECTOR**

**06/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date