

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000068051

**Entity Name:** 3 IN ONE HEALTH LLC

**Current Principal Place of Business:**

290 CITRUS TOWER BLVD  
SUITE 230  
CLERMONT, FL 34711

**Current Mailing Address:**

290 CITRUS TOWER BLVD  
SUITE 230  
CLERMONT, FL 34711 US

**FEI Number:** 82-4926663

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOWERS, TALISA V  
290 CITRUS TOWER BLVD SUITE #230  
CLERMONT, FL 34711 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:** TALISA VIRE STOWERS

01/21/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STOWERS, TALISA V  
Address 290 CITRUS TOWER BLVD, STE 230  
City-State-Zip: CLERMONT FL 34711

*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:** TALISA STOWERS

OWNER

01/21/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date