

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000270572

Entity Name: BURKE THERAPY AND WELLNESS LLC

Current Principal Place of Business:

1615 CRESTVIEW DRIVE
MOUNT DORA, FL 32757

Current Mailing Address:

1615 CRESTVIEW DRIVE
MOUNT DORA, FL 32757 US

FEI Number: 83-2635776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name BURKE, EVAN
Address 1615 CRESTVIEW DRIVE
City-State-Zip: MOUNT DORA FL 32757

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: EVAN BURKE

OWNER

02/11/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date