

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000001244

Entity Name: HC3 HEALTH AND WELLNESS LLC

Current Principal Place of Business:

5325 N. WICKHAM RD
SUITE 110
MELBOURNE, FL 32940

Current Mailing Address:

5325 N. WICKHAM RD
SUITE 110
MELBOURNE, FL 32940 US

FEI Number: 83-3404203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROOK, HEIDI L
4507 PRESERVATION CIRCLE
MELBOURNE, FL 32934 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 CROOK, CURTIS M
Address 4507 PRESERVATION CIRCLE
City-State-Zip: MELBOURNE FL 32934

Title AMBR
Name LOOSBROCK, COREY V
Address 16867 ST JAMES DR
City-State-Zip: POWAY CA 92064

Title AMBR
Name BERTAGNOLI, CHAD D
Address 1160 HAUPTSTRASSE
City-State-Zip: NEW BRAUNFELS TX 78130

Title AMBR
Name CROOK, HEIDI L
Address 4507 PRESERVATION CIRCLE
City-State-Zip: MELBOURNE FL 32934

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: HEIDI CROOK

REGISTERED AGENT

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date