

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000009103

Entity Name: ATONEMENT WELLNESS CENTER, LLC

Current Principal Place of Business:

1810 NE 153RD ST. SUITE 3
NORTH MIAMI BEACH, FL 33163

Current Mailing Address:

1835 NE MIAMI GARDENS DR #212
MIAMI, FL 33179 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARRENDELL, JULIA
1835 NE MIAMI GARDENS DR #212
MIAMI, FL 33179 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 ARRENDELL, JULIA
Address 1835 NE MIAMI GARDENS DR #212
City-State-Zip: MIAMI FL 33179

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: JULIA ARRENDELL

AMBR

04/07/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date