

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000017280

**Entity Name:** PEARL'S OASIS HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

1334 NE 151 STREET  
NORTH MIAMI, FL 33162

**Current Mailing Address:**

8452 LONG ACRE DRIVE  
MIRAMAR, F 33025 US

**FEI Number:** 83-3377983

**Certificate of Status Desired:** No

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

WILLIAMS, MARJORIE  
8452 LONG ACRE DRIVE  
MIRAMAR, FL 33025 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 MGR  
Name WILLIAMS, MARJORIE  
Address 8452 LONG ACRE DRIVE  
City-State-Zip: MIRAMAR FL 33025

*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:** MARJORIE WILLIAMS

**OWNER**

**01/30/2021**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date