

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000017440

Entity Name: THE HERBAL THERAPIST LLC

Current Principal Place of Business:

670 PLEASANT STREET
LAKE HELEN, FL 32744

Current Mailing Address:

670 PLEASANT STREET
LAKE HELEN, FL 32744 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARNES, CHRISTY
670 PLEASANT STREET
LAKE HELEN, FL 32744 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 BARNES, CHRISTY
Address 670 PLEASANT STREET
City-State-Zip: LAKE HELEN FL 32744

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: CHRISTY BARNES

MANAGER

04/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date