

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000078861

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**2618733765CC**

**Entity Name:** NATURAL HEALING AND WELLNESS OF SOUTH FLORIDA LLC

**Current Principal Place of Business:**

12369 HAGEN RANCE RD, SUITE 401  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

12369 HAGEN RANCE RD, SUITE 401  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 83-4331726

**Certificate of Status Desired:** No

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

CARHART, JEANNE M  
6721 REMINGTON PLACE  
LAKE WORTH, FL 33463 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:** JEANNE M CARHART

01/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name SOWISDRAL, PETER  
Address 5700 OLD OCEAN BLVD UNIT M  
City-State-Zip: OCEAN RIDGE FL 33435

Title AUTHORIZED MEMBER  
Name OLIVA, CHRISTINA  
Address 2406 S.E. 19TH CIRCLE  
City-State-Zip: OCALA FL 34471

Title AUTHORIZED MEMBER  
Name OLIVA, MICHAEL  
Address 2406 S.E. 19TH CIRCLE  
City-State-Zip: OCALA FL 34471

Title AUTHORIZED MEMBER  
Name CARHART, JEANNE M  
Address 6721 REMINGTON PLACE  
City-State-Zip: LAKE WORTH FL 33463

*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:** JEANNE M CARHART

**AUTHORIZED MEMBER**

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date