

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000112207

Entity Name: GREENTREE NATURAL WELLNESS CENTER LLC

Current Principal Place of Business:

3718 SR 52
HUDSON, FL 34667

Current Mailing Address:

10745 NORTHRIDGE CT
TRINITY, FL 34655 US

FEI Number: 84-2022475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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 AMGR
Name HACKNEY, DAWN
Address 10745 NORTHRIDGE FT
City-State-Zip: TRINITY FL 34655

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: DAWN HACKNEY

CEO

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date