

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000114149

**Entity Name:** ADVENTI HEALTH & WELLNESS CENTER LLC

**Current Principal Place of Business:**

1410 N PINE HILLS RD  
ORLANDO, FL 32808

**Current Mailing Address:**

1410 N PINE HILLS RD  
ORLANDO, FL 32808 US

**FEI Number:** 84-2214478

**Certificate of Status Desired:** No

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

CHERENFANT, KETTIA C DR.  
568 DOE COVE PL  
APOPKA, FL 32703 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            CHERENFANT, KETTIA C DR.  
Address        568 DOE COVE PL  
City-State-Zip: APOPKA FL 32703

*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:** DR KETTIA C CHERENFANT

AMBR

02/03/2021

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

\_\_\_\_\_ Date