

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000220703

**Entity Name:** WHOLE WOMEN LINK LLC

**Current Principal Place of Business:**

2902 N. ORANGE AVE  
APT 205  
ORLANDO, FL 32804

**Current Mailing Address:**

2902 N. ORANGE AVE  
APT 205  
ORLANDO, FL 32804 US

**FEI Number:** 81-1117385

**Certificate of Status Desired:** No

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

DAYTON, JOEL M  
209 JAMESTOWN DR.  
WINTER PARK, FL 32792 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 CLEAR ROUTE HEALTH PARTNERS LLC  
Address 2902 NORTH ORANGE AVE APT 205  
City-State-Zip: ORLANDO FL 32792

Title MGR  
Name SOMMER SEITZ COUNSELING LLC  
Address 1345 CLAY STREET  
City-State-Zip: WINTER PARK FL 32789

*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:** JOEL DAYTON

**MGR**

**03/09/2021**

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

\_\_\_\_\_  
Date