

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000020431

Entity Name: YOUR BALANCED HEALTH, LLC

Current Principal Place of Business:

1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

Current Mailing Address:

P.O. BOX 484
WILDWOOD, FL 34785 US

FEI Number: 84-4450631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UHRIK, SARAH E ESQ
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 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 MILLER, KRISTIN DR
Address P.O. BOX 484
City-State-Zip: WILDWOOD FL 34785

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: KRISTIN MILLER

MANAGING MEMBER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date