

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000059897

Entity Name: CREATING HEALTH WITH YOU, LLC

Current Principal Place of Business:

2548 ALEXANDER PLACE
CLEARWATER, FL 33763

Current Mailing Address:

P.O. BOX14941
CLEARWATER, FL 33766

FEI Number: 86-2849763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

J. MARVIN GUTHRIE, PA
1230 S. MYRTLE AVENUE
SUITE 101
CLEARWATER, FL 33756 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 MANAGER
Name SHELDON, PAULA
Address P.O. BOX14941
City-State-Zip: CLEARWATER FL 33766

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: PAULA K SHELDON _____

MANAGER

03/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date