

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000084867

Entity Name: PURE LIFE HEALTH AND WELLNESS LLC

Current Principal Place of Business:

1158 CALLE DEL NORTE
SUITE C
CASSELBERRY, FL 32707

Current Mailing Address:

25587 CONIFER RD
#105229
CONIFER, CO 80433 US

FEI Number: 85-1539886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOTYKA, NEIL
1158 CALLE DEL NORTE
SUITE C
CASSELBERRY, FL 32707 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 MOTYKA, NEIL
Address 1158 CALLS DEL NORTE
City-State-Zip: CASSELBERRY FL 32707

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: NEIL MOTYKA

OWNER

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date