

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L20000233007

Entity Name: BARET HEALTH ENTERPRISE LLC

Current Principal Place of Business:

6864 NW HOGATE CIR
PORT ST. LUCIE, FL 34983

Current Mailing Address:

6484 NW HOGATE CIRCLE
PORT SAINT LUCIE, FL 34983

FEI Number: 85-2297538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARET, ALBERTE
6864 NW HOGATE CIR
PORT ST. LUCIE, FL 34983 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: ALBERTE BARET

12/06/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name BARET, ALBERTE
Address 6484 NW HOGATE CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34983

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: ALBERTE BARET

PRESIDENT

12/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date