

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000286878

**Entity Name:** HEALTHY ROOTS FUNCTIONAL MEDICINE COACHING, LLC

**Current Principal Place of Business:**

2717 SW 18TH AVE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

2717 SW 18TH AVE  
CAPE CORAL, FL 33914 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KAPLAN, ANDREA R  
2717 SW 18TH AVE  
CAPE CORAL, FL 33914 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 KAPLAN, ANDREA R  
Address 2717 SW 18TH AVE  
City-State-Zip: CAPE CORAL FL 33914

*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:** ANDREA R KAPLAN

**PRESIDENT**

**03/03/2021**

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

\_\_\_\_\_ Date