

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000309227

**Entity Name:** WHOLESOME ADULT LIVING FACILITY LLC

**Current Principal Place of Business:**

1441 SW 19TH STREET  
MIAMI, FL 33145

**Current Mailing Address:**

600 76TH STRREET  
#3  
MIAMI BEACH, FL 33141

**FEI Number:** 86-1872072

**Certificate of Status Desired:** No

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

VERDUZCO, JESSICA  
930 10TH STREET  
#1  
MIAMI BEACH, FL 33139 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 VERDUZCO, JESSICA  
Address 930 10TH STREET #1  
City-State-Zip: MIAMI BEACH FL 33139

*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:** JESSICA VERDUZCO

**OWNER**

**01/30/2022**

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

\_\_\_\_\_  
Date