

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000204699

**Entity Name:** BALANCED HEALTH BY CRYSTAL LLC

**Current Principal Place of Business:**

39248 US HIGHWAY 19 N  
345  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

39248 US HIGHWAY 19 N  
345  
TARPON SPRINGS, FL 34689

**FEI Number:** 87-3838341

**Certificate of Status Desired:** No

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

HUNTER, CRYSTAL L  
39248 US HIGHWAY 19  
345  
TARPON SPRINGS, FL 34689 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 HUNTER, CRYSTAL L  
Address 39248 US HIGHWAY 19  
City-State-Zip: TARPON SPRINGS FL 34689

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:** CRYSTAL HUNTER

**OWNER/MANAGER**

**04/13/2023**

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

\_\_\_\_\_  
Date