

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000307330

Entity Name: A HEALTHY TWIST LLC

Current Principal Place of Business:

644 SHETLAND DRIVE
ST JOHNS, FL 32259

Current Mailing Address:

644 SHETLAND DRIVE
ST JOHNS, FL 32259 US

FEI Number: 87-1521672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAVIN, BETH A
644 SHETLAND DRIVE
ST JOHNS, FL 32259 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 GLAVIN, BETH A
Address 644 SHETLAND DRIVE
City-State-Zip: ST JOHNS FL 32259

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: BETH A GLAVIN

MANAGER

03/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date