**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 09, 2025**
**Secretary of State**
**2535707265CC**

DOCUMENT# L21000380225

**Entity Name:** WHOLE TREATMENT CENTERS LLC

**Current Principal Place of Business:**

1992 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

PO BOX 1029
DESTIN, FL 32541 US

**FEI Number: 87-2830073**

**Certificate of Status Desired:** No

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

SANDERS, BOBBY
1992 LEWIS TURNER BLVD
FORT WALTON BEACH, FL 32547 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: BOBBY SANDERS 01/09/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | AMBR |
| Name | SANDERS, BOBBY |
| Address | PO BOX 1029 |
| City-State-Zip: | DESTIN FL 32541 |

*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: SANDERS, BOBBY MANAGER 01/09/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date