

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01/23/2023

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: BOBBY SANDERS

OWNER

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date