

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000535140

**Entity Name:** BEHOLISTIC CLINIC, LLC

**Current Principal Place of Business:**

10687 LAGO WELLEBY DR  
SUNRISE, FL 33351

**Current Mailing Address:**

10687 LAGO WELLEBY DR  
SUNRISE, FL 33351

**FEI Number:** 92-1612791

**Certificate of Status Desired:** No

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

EVARISTE, BIANCA  
10687 LAGO WELLEBY DR  
SUNRISE, FL 33351 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 P  
Name EVARISTE, BIANCA  
Address 10687 LAGO WELLEBY DR  
City-State-Zip: SUNRISE FL 33351-8287

*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:** BIANCA EVARISTE

P

02/10/2023

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

\_\_\_\_\_ Date