

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000329566

Entity Name: HERNANDEZ HOLISTIC HEALTHCARE, PLLC

Current Principal Place of Business:

12220 ATLANTIC BLVD
STE 130
JACKSONVILLE, FL 32225-1754

Current Mailing Address:

12220 ATLANTIC BLVD
STE 130 PMB 1254
JACKSONVILLE, FL 32225 US

FEI Number: 93-2393896

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HERNANDEZ, LORI A
12132 ROUNDHAM LN N
JACKSONVILLE, FL 32225 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 AMBR
Name HERNANDEZ, LORI A
Address 12132 ROUNDHAM LN N
City-State-Zip: JACKSONVILLE FL 32225

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: LORI HERNANDEZ

OWNER

08/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date