## 2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M16000005711

Entity Name: ARNICA HEALTH LLC

**Current Principal Place of Business:** 

7950 SW 30TH STREET SUITE 202 DAVIE, FL 33328

## **Current Mailing Address:**

7950 SW 30TH STREET SUITE 202 DAVIE, FL 33328 US

FEI Number: 81-2130187 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

TELLER, STUART ESQ 7320 GRIFFIN ROAD SUITE 216 DAVIE, FL 33314 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: STUART TELLER 07/25/2018

Electronic Signature of Registered Agent

Date

**FILED** 

Jul 25, 2018

**Secretary of State** CC5551773711

## Authorized Person(s) Detail:

SIGNATURE: SEBASTIAN AHMED

Title MBR Title AUTHORIZED MEMBER Name AHMED, SEBASTIAN Name SNIPES, FRANK DR. **1232 NW 141ST AVENUE** Address 7950 SW 30TH STREET Address SUITE 202

City-State-Zip: PEMBROKE PINES FL 33028

**MBR** 

City-State-Zip: DAVIE FL 33328

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.