

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001798

Entity Name: HEALTH AND HEALING CENTER, L.L.C.

Current Principal Place of Business:

4525 SW 13TH STREET
GAINESVILLE, FL 32608

Current Mailing Address:

4525 SW 13TH STREET
GAINESVILLE, FL 32608

FEI Number: 59-3635931

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOER, CHARLES B
4525 SW 13TH STREET
GAINESVILLE, FL 32608 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: CHARLES B STOER

03/02/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name STOER, CHARLES B
Address 4525 SW 13TH ST.
City-State-Zip: GAINESVILLE FL 32608

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: CHARLES B STOER

P

03/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date