

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071597

**Entity Name:** A. E. GARCIA NATURAL HEALTHCARE GROUP, LLC

**Current Principal Place of Business:**

3277 FRUITVILLE ROAD  
D-2  
SARASOTA, FL 34237

**Current Mailing Address:**

3277 FRUITVILLE ROAD  
D-2  
SARASOTA, FL 34237

**FEI Number:** 27-0611167

**Certificate of Status Desired:** No

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

GARCIA, ALICIA E  
3277 FRUITVILLE ROAD  
D-2  
SARASOTA, FL 34237 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 MGRM  
Name GARCIA, ALICIA E  
Address 3277 FRUITVILLE ROAD, SUITE D-2  
City-State-Zip: SARASOTA FL 34237

*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:** ALICIA E GARCIA

**MANAGER**

**01/21/2022**

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

\_\_\_\_\_  
Date