

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000014227

Entity Name: PALM HOLISTIC HEALTHCARE CENTER, LLC

Current Principal Place of Business:

2925 10TH AVE N
PALM SPRINGS, FL 33461

Current Mailing Address:

2925 10TH AVE N
SUITE 104
PALM SPRINGS, FL 33461 US

FEI Number: 61-1703924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIGAN, PETER A
2925 10TH AVE N
SUITE 104
PALM SPRINGS, FL 33461 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 MIAMI REAL ESTATE TRUST, LLC
Address 2925 10TH AVE N
SUITE 104
City-State-Zip: PALM SPRINGS FL 33461

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: PETER HARRIGAN

REGISTERED AGENT

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date