

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000102457

**Entity Name:** HELENNA HEALTHCARE, LLC

**Current Principal Place of Business:**

21910 CYPRESS DR  
36K  
BOCA RATON, FL 33433

**Current Mailing Address:**

21910 CYPRESS DR  
36K  
BOCA RATON, FL 33433 US

**FEI Number:** 46-1370791

**Certificate of Status Desired:** No

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

BOLE, MARY LOU  
21910 CYPRESS DR  
36K  
BOCA RATON, FL 33433 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:** MARY LOU BOLE

06/29/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name BOLE, MARY LOU  
Address 21910 CYPRESS DR  
36K  
City-State-Zip: BOCA RATON FL 33433

Title AUTHORIZED MEMBER  
Name KOENIGSMAN, GRANT JEFFREY  
Address 21910 CYPRESS DR  
36K  
City-State-Zip: BOCA RATON FL 33433

*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:** MARY LOU BOLE

**REGISTERED AGENT**

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date