## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000102457

Entity Name: HELENNA HEALTHCARE, LLC

**Current Principal Place of Business:** 

21910 CYPRESS DRIVE

36K

BOCA RATON, FL 33433

## **Current Mailing Address:**

21910 CYPRESS DRIVE

36K

BOCA RATON, FL 33433 US

FEI Number: 20-5129517 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BOLE, MARY LOU 21910 CYPRESS DRIVE 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 08/31/2015

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGRM

Name BOLE, MARY LOU

Address 21910 CYPRESS DRIVE 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.

FILED Aug 31, 2015

**Secretary of State** 

CR1782714055