## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000067281

**Entity Name: LIFESTREAM HEALTH LLC** 

Current Principal Place of Business:

9857 BAYWINDS DR.

#9303

WEST PALM BEACH, FL 33411

**Current Mailing Address:** 

LIFESTREAM HEALTH LLC PO BOX 212877 WEST PALM BEACH, FL 33421 US

FEI Number: 82-0995493 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARVEY, MICHAEL G JR 9857 BAYWINDS DR. #9303 WEST PALM BEACH, FL 33411 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

FILED Apr 30, 2017

**Secretary of State** 

CC2397132395

Authorized Person(s) Detail:

Title AR Title AR

NameGARVEY, MICHAEL G JRNameGARVEY, MICHAEL G SRAddress9857 BAYWINDS DR.Address9857 BAYWINDS DR.

#9303 #9303

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

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: MICHAEL GARVEY SR MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

04/30/2017 Date