## Electronic Signature of Signing Authorized Person(s) Detail

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L15000105986

Entity Name: PHARMALIFE HEALTH INNOVATIONS, LLC

## **Current Principal Place of Business:**

18201 COLLINS AVENUE #3705 SUNNY ISLES, FL 33160

## **Current Mailing Address:**

2951 PIEDMONT ROAD SUITE B ATLANTA, GA 30305

## FEI Number: 47-4331004

## Name and Address of Current Registered Agent:

JOHNSON, MELVIN 18201 COLLINS AVENUE #3705 SUNNY ISLES, FL 33160 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: MELVIN JOHNSON

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

 Title
 AMBR

 Name
 BOGACHEK, MICHAEL

 Address
 2951 PIEDMONT ROAD, SUITE B

City-State-Zip: ATLANTA GA 30305

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 BOGACHEK

FILED Jan 22, 2021 Secretary of State 7560225166CC

Certificate of Status Desired: Yes

01/22/2021 Date

01/22/2021 Date