

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000107271

Entity Name: DIVINE INTERVENTION HEALTH WELLNESS AND RESOURCE CENTER,LLC

FILED
Apr 11, 2019
Secretary of State
4545174449CR

Current Principal Place of Business:

6614 WILD ELM CT
WESLEY CHAPEL, FL 33545

Current Mailing Address:

6614 WILD ELM CT
WESLEY CHAPEL, FL 33545 US

FEI Number: 27-4517746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SNEED, CHERYL D RN,MSN
6614 WILD ELM CT
WESLEY CHAPEL, FL 33545 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: CHERYL DIANE SNEED

04/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SNEED, CHERYL D RN,MSN
Address 6614 WILD ELM CT
City-State-Zip: WESLEY CHAPEL FL 33545

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: CHERYL D SNEED

MANAGER MEMBER

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date