

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000031091

**Entity Name:** SASSY HOLISTICS, LLC

**Current Principal Place of Business:**

3319 CYPRESS LEGENDS CIRCLE  
735  
FORT MYERS, FL 33905

**Current Mailing Address:**

3319 CYPRESS LEGENDS CIRCLE  
735  
FORT MYERS, FL 33905 US

**FEI Number:** 30-0934787

**Certificate of Status Desired:** No

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

MERIZALDE, JASON  
3319 CYPRESS LEGENDS CIRCLE  
735  
FORT MYERS, FL 33905 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:** JASON MERIZALDE

09/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            MERIZALDE, KRISTIN M  
Address        3319 CYPRESS LEGENDS CIRCLE  
                  735  
City-State-Zip: FORT MYERS FL 33905

Title            BUSINESS MANAGER  
Name            MERIZALDE, JASON P  
Address        3319 CYPRESS LEGENDS CIRCLE  
                  735  
City-State-Zip: FORT MYERS FL 33905

*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:** JASON MERIZALDE

MANAGER

09/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date