## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000075573

Entity Name: ROOT CAUSES HOLISTIC HEALTH AND MEDICINE, LLC

FILED
Jan 08, 2021
Secretary of State
0338383092CC

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

12734 KENWOOD LN

84

FT. MYERS, FL 33907

# **Current Mailing Address:**

12734 KENWOOD LN.

84

FT. MYERS, FL 33907 US

FEI Number: 81-4238901 Certificate of Status Desired: No

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

DESTEFANO, DOREEN 12734 KENWOOD LN. 84

FT MYERS, FL 33907 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

## Authorized Person(s) Detail:

Title MGR

Name DESTEFANO, DOREEN
Address 12734 KENWOOD LN

84

City-State-Zip: FT. MYERS FL 33907

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: DOREEN DESTEFANO

MANAGER

01/08/2021

Date