

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000097958

Entity Name: CR HOLISTIC THERAPY LLC

Current Principal Place of Business:

17220 NW 47TH CT
MIAMI, FL 33055

Current Mailing Address:

17220 NW 47TH CT
MIAMI, FL 33055 US

FEI Number: 81-2738530

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIOS, CATHERINE
17220 NW 47TH CT
MIAMI, FL 33055 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 RIOS, CATHERINE
Address 17220 NW 47TH CT
City-State-Zip: MIAMI FL 33055

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: CATHERINE RIOS

PSD

06/30/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date