

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000149536

**Entity Name:** LEGACY HEALING CENTER MARGATE LLC

**Current Principal Place of Business:**

2960 N STATE RD. 7  
SUITE 102  
MARGATE, FL 33063

**Current Mailing Address:**

2960 N STATE RD. 7  
SUITE 102  
MARGATE, FL 33063 US

**FEI Number:** 81-3661016

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MEREDITH HELLWIG

02/17/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	FOX, KAROLYN	Name	EFFRON, MARC
Address	2960 N STATE RD. 7 SUITE 102	Address	2960 N STATE RD. 7 SUITE 102
City-State-Zip:	MARGATE FL 33063	City-State-Zip:	MARGATE FL 33063

*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:** MARC EFFRON

MANAGER

02/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date