

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000149536

Entity Name: LEGACY HEALING CENTER MARGATE LLC**Current Principal Place of Business:**1425 NW 62ND ST # 200/201
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1425 WEST CYPRESS CREEK ROAD, SUITE 201
FORT LAUDERDALE , FL 33309 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****12/18/2024**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name EFFRON, MARC
Address 1425 WEST CYPRESS CREEK ROAD,
SUITE 201
City-State-Zip: FORT LAUDERDALE FL 33309

Title MGR
Name FOX, BEN
Address 1425 WEST CYPRESS CREEK ROAD,
SUITE 201
City-State-Zip: FORT LAUDERDALE FL 33309

Title CEO
Name FOX, BEN
Address 1425 WEST CYPRESS CREEK ROAD,
SUITE 201
City-State-Zip: FORT LAUDERDALE FL 33309

Title SEC
Name BENFAIDA, TRAVIS
Address 1425 WEST CYPRESS CREEK ROAD
SUITE 201
City-State-Zip: FORT LAUDERDALE FL 33309

Title CFO
Name POTTS, LEAH
Address 1425 WEST CYPRESS CREEK ROAD,
SUITE 201
City-State-Zip: FORT LAUDERDALE FL 33309

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: BEN FOX**CEO****12/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date