

**2025 FLORIDA LIMITED LIABILITY COMPANY 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

04/09/2025

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

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date