

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000162107

**Entity Name:** FLORIDA NATURAL HEALTH LLC

**Current Principal Place of Business:**

4101 N ANDREWS AVE  
STE S-102  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

9805 NE 116TH ST  
STE A266  
KIRKLAND, WA 98034 US

**FEI Number:** 81-3769937

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** DOUGLAS WAUN

02/10/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WAUN, DOUGLAS  
Address 4101 N ANDREWS AVE  
STE S-102  
City-State-Zip: OAKLAND PARK 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:** DOUGLAS WAUN

OWNER

02/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date