

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000162107

Entity Name: FLORIDA NATURAL HEALTH LLC

Current Principal Place of Business:

1749 NE 26TH ST
STE. E
WILTON MANORS, FL 33305

Current Mailing Address:

1749 NE 26TH ST
STE. E
WILTON MANORS, FL 33305 US

FEI Number: 81-3769937

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 AMBR
Name WAUN, DOUGLAS
Address 5405 OKEECHOBEE BLVD #304
City-State-Zip: WEST PALM BEACH FL 33417

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

MEMBER

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date