**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 30, 2018**
**Secretary of State**
**CC0424814185**

DOCUMENT# L16000185419

**Entity Name:** DR HOFFMANN HOLISTIC HEALTH LLC

**Current Principal Place of Business:**

8530 MILANO DR
ORLANDO, FL 32810

**Current Mailing Address:**

8530 MILANO DR
ORLANDO, FL 32810 US

**FEI Number: 81-4050918**

**Certificate of Status Desired:** No

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

HOFFMANN, HEIDY PRESI
8530 MILANO DR
ORLANDO, FL 32810 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: HEIDY HOFFMANN 04/30/2018

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | AMBR |
| Name | HOFFMANN, HEIDY |
| Address | 8530 MILANO DR |
| City-State-Zip: | ORLANDO FL 32810 |

| | |
|---|---|
| Title | AMBR |
| Name | HOFFMANN, EFRAIN |
| Address | 8530 MILANO DR |
| City-State-Zip: | ORLANDO FL 32810 |

| | |
|---|---|
| Title | AMBR |
| Name | HOFFMANN, KABIRAMIS |
| Address | 8530 MILANO DR |
| City-State-Zip: | ORLANDO FL 32810 |

| | |
|---|---|
| Title | AMBR |
| Name | HOFFMANN, INGHERU |
| Address | 8530 MILANO DR |
| City-State-Zip: | ORLANDO FL 32810 |

| | |
|---|---|
| Title | AMBR |
| Name | HOFFMANN, TAOMY |
| Address | 8530 MILANO DR |
| City-State-Zip: | ORLANDO FL 32810 |

*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: HEIDY HOFFMANN PRESIDENT 04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date