

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000192980

Entity Name: TRULYBLESS HEALTH LLC

Current Principal Place of Business:

1026 SW SPATARO AVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1026 SW SPATARO AVE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 82-2795074

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WEATHERS, ZORINA A
1026 SW SPATARO AVE
PORT SAINT LUCIE, FL 34953 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 CEO/OWNER
Name WEATHERS, ZORINA A
Address 1026 SW SPATARO AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

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: ZORINA WEATHERS

CEO/OWNER

03/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date