

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000195584

Entity Name: HELENA HEALTH, LLC

Current Principal Place of Business:

1257 WINDY WILLOWS DR
JACKSONVILLE, FL 32225

Current Mailing Address:

1257 WINDY WILLOWS DR
JACKSONVILLE, FL 32225 US

FEI Number: 82-2859182

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOSLOSKY, KARI
1257 WINDY WILLOWS DR
JACKSONVILLE, FL 32225 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 KOSLOSKY, KARI
Address 1257 WINDY WILLOWS DR
City-State-Zip: JACKSONVILLE FL 32225

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: KARI KOSLOSKY

06/26/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date