

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000021134

Entity Name: PROACTIVE HEALTH LEARNING SOLUTIONS, LLC

Current Principal Place of Business:

3537 CREST STREET
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

3537 CREST STREET
SAINT AUGUSTINE, FL 32092

FEI Number: 82-4150366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NASSAR, PETER
3537 CREST STREET
SAINT AUGUSTINE, FL 32092 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 NASSAR, PETER
Address 3537 CREST STREET
City-State-Zip: SAINT AUGUSTINE FL 32092

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: PETER NASSAR

AMBR

05/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date