

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000047929

Entity Name: PINECREST WELLNESS L.L.C.

Current Principal Place of Business:

9100 N. KENDALL DRIVE
MIAMI, FL 33176

Current Mailing Address:

PO BOX 331942
MIAMI, FL 33233 US

FEI Number: 32-0556876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGE RE SERVICES, LLC
3162 COMMODORE PLAZA
3E
COCONUT GROVE, FL 33133 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 MGR
Name PINECREST PHYSICAL THERAPY HOLDINGS, LLC
Address 9619 S. DIXIE HIGHWAY
City-State-Zip: MIAMI FL 33156

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: RONALD YACOUB

OWNER

04/12/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date