

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000106682

**Entity Name:** DENDERA NATURAL HEALTH LLC

**Current Principal Place of Business:**

6750 N. ANDREWS AVENUE,  
SUITE 200  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6750 N. ANDREWS AVENUE,  
SUITE 200  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 83-1696032

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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 TOWER, MARTIN J  
Address 970 ABIGAYLE WAY  
APT 207  
City-State-Zip: WEBSTER NY 14580

Title MGR  
Name SIMONIAN-PALMERTON, BARBARA M  
Address 5450 N. OCEAN BLVD  
City-State-Zip: LAUDERDALE-BY-THE-SEA FL 33308

Title AMBR  
Name TOWER, PATTI A  
Address SKAMBHA, BOX 11  
City-State-Zip: KODAIKANAL TN 62410-1

*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:** MARTIN J. TOWER

**MEMBER**

**06/28/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date