

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000162010

**Entity Name:** LEGACY HEALING DETOX LLC

**Current Principal Place of Business:**

803 NW 2ND AVE.  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

2960 N STATE RD 7  
102  
MARGATE, FL 33063 US

**FEI Number:** 83-1513664

**Certificate of Status Desired:** No

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

ROSE, PETER A  
1877 S. FEDERAL HWY.  
100  
BOCA RATON, FL 33432 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 FEFFRON LLC  
Address 8550 LEWIS RIVER RD  
City-State-Zip: DELRAY BEACH FL 33446

*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:** KAROLYN FOX

AMBR

01/08/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date