

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000172030

Entity Name: FULL CIRCLE MIDWIFERY LLC

Current Principal Place of Business:

403 CROSS STREET
DELAND, FL 32724

Current Mailing Address:

403 CROSS STREET
DELAND, FL 32724 UN

FEI Number: 83-2009539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZOSMAN, ESTEE
403 CROSS STREET
DELAND, FL 32724 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 MW
Name ZOSMAN, ESTEE REBECCA
Address 403 CROSS ST
City-State-Zip: DELAND FL 32724

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: ESTEE ZOSMAN

MW

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date