**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED**
**Jul 31, 2022**
**Secretary of State**
**5380367354CR**

DOCUMENT# L19000189757

**Entity Name:** LIVHOLISTIK L.L.C.

**Current Principal Place of Business:**

4102 SW RUSHMORE ST
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

4102 SW RUSHMORE ST
PORT SAINT LUCIE, FL 34953 US

**FEI Number: 84-4039356**

**Certificate of Status Desired:** Yes

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

CARTER, OLIVIA C
11268 SW VILLAGE CT
BLDG. 9 APT.209
PORT SAINT LUCIE, FL 34987 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: OLIVIA CARTER 07/31/2022

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | AMBR |
| Name | MITCHELL-PLANT, SADIA F | Name | CARTER, OLIVIA C |
| Address | PO BOX 90001 | Address | 11268 SW VILLAGE CT<br>BLDG. 9 APT.209 |
| City-State-Zip: | BELTSVILLE MD 20705 | City-State-Zip: | PORT SAINT LUCIE FL 34987 |

*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: OLIVIA CARTER AMBR 07/31/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date