

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000208478

Entity Name: THE PURE PLACE WELLNESS CENTER "LLC"

Current Principal Place of Business:

1201 NE 26TH ST
102
WILTON MANORS, FL 33305

Current Mailing Address:

1201 NE 26TH ST
102
WILTON MANORS, FL 33305 US

FEI Number: 84-2804681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DESAUSSURE, ERONE C
729 W LAS OLAS BLVD
1
FORT LAUDERDALE, FL 33312 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 COO
Name DESAUSSURE, ERONE C
Address 351 NW 17TH PLACE
City-State-Zip: FORT LAUDERDALE FL 33311

Title CEO
Name DORSEY- DESAUSSURE, MAYA
NIKOLE
Address 1721 NE 26TH
638
City-State-Zip: FORT LAUDERDALE FL 33316

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: ERONE DESAUSSURE

COO

09/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date