

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000271961

Entity Name: BRAIN-GUT HEALING CENTER, LLC

Current Principal Place of Business:

8519 SUNRISE LOOP
MONTGOMERY, AL 36116

Current Mailing Address:

8519 SUNRISE LOOP
MONTGOMERY, AL 36116 US

FEI Number: 84-3703438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 SOTO, RODNEY
Address 8519 SUNRISE LOOP
City-State-Zip: MONTGOMERY AL 36116

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: RODNEY SOTO _____

MEMBER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date