

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000149396

Entity Name: NATURALISTIC HEALTH & WELLNESS, LLC

Current Principal Place of Business:

206 CROWN ST
WINTER HAVEN, FL 33880

Current Mailing Address:

PO BOX 784
WINTER HAVEN, FL 33882 US

FEI Number: 85-1248793

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BOSWELL, KENDRA N
206 CROWN ST
WINTER HAVEN, FL 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 BOSWELL, KENDRA N
Address 206 CROWN ST
City-State-Zip: WINTER HAVEN FL 33880

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: KENDRA N. BOSWELL

MANAGER

02/28/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date