

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000233892

Entity Name: EMBRACE CPR LLC

Current Principal Place of Business:

7639 BRAMWELL STREET
WINDERMERE, FL 34786

Current Mailing Address:

7639 BRAMWELL STREET
WINDERMERE, FL 34786 US

FEI Number: 85-2510496

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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 WORKMAN, STEPHANIE
Address 7639 BRAMWELL STREET
City-State-Zip: WINDERMERE FL 34786

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: STEPHANIE WORKMAN

MEMBER

04/08/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date