

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000273165

**Entity Name:** 4 MOONS HEALTH CENTER LLC

**Current Principal Place of Business:**

11983 TAMiami TRAIL NORTH  
NO 127 OFFICE CENTER OF NORTH NAPLES  
NAPLES, FL 34110

**Current Mailing Address:**

1109 S LOOP BLVD  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 85-3007226

**Certificate of Status Desired:** Yes

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

PERDOMO, MISAEL  
1109 S LOOP BLVD  
LEHIGH ACRES, FL 33936 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:** MISAEL PERDOMO

12/21/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PERDOMO, MISAEL  
Address 1109 S LOOP BLVD  
City-State-Zip: LEHIGH ACRES FL 33936

*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:** MISAEL PERDOMO

**ADMINISTRATOR**

12/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date