

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000282061

Entity Name: PINECREST WELLNESS CENTER, LLC

Current Principal Place of Business:

8830 SW 129 TERRACE
MIAMI, FL 33176

Current Mailing Address:

8830 SW 129 TERRACE
MIAMI, FL 33176 US

FEI Number: 85-3686652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTEVEZ, VICTOR MANUEL DR.
8830 SW 129 TERRACE
MIAMI, FL 33176 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: VICTOR MANUEL ESTEVEZ

03/07/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ESTEVEZ, SURALLE CARIDAD
Address 8830 SW 129 TERRACE
City-State-Zip: MIAMI FL 33176

Title AUTHORIZED MEMBER
Name ESTEVEZ, VICTOR MANUEL
Address 6870 SW 52 STREET
City-State-Zip: MIAMI FL 33155

Title AMBR
Name ESTEVEZ, VICTOR
Address 8830 SW 129 TERRACE
City-State-Zip: MIAMI FL 33176

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: SURALLE ESTEVEZ

MGR

03/07/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date