

2021 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 M
9030 SW 162 STREET
PALMETTO BAY, FL 33157 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 ESTEVEZ, SURALLE C
Address 9030 SW 162 STREET
City-State-Zip: PALMETTO BAY FL 33157

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 C ESTEVEZ

MGR

02/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date