

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000301811

Entity Name: CENTER FOR HYPNOSIS AND WELLBEING. LLC

Current Principal Place of Business:

165 SABAL PALM DRIVE
SUITE 121
LONGWOOD, FL 32779

Current Mailing Address:

2094 JUDITH PLACE
LONGWOOD, FL 32779 US

FEI Number: 85-3326889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH STREET NORTH
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 SAG, RICHARD
Address 2094 JUDITH PLACE
City-State-Zip: LONGWOOD FL 32779

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: RICHARD SAG

MEMBER

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date