

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000370988

Entity Name: CENTER FOR HOLISTIC LEARNING & DEVELOPMENT LLC

Current Principal Place of Business:

3731 NE 7TH STREET
OCALA, FL 34470

Current Mailing Address:

3731 NE 7TH STREET
OCALA, FL 34470 US

FEI Number: 85-4174519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WRIGHT, SHAWANDA
3731 NE 7TH STREET
OCALA, FL 34470 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 WRIGHT, SHAWANDA
Address 3731 NE 7TH STREET
City-State-Zip: Ocala FL 34470

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: SHAWANDA WRIGHT

AMBR

04/22/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date