

**2023 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

01/23/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date