

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000418558

Entity Name: ORIENTAL MEDICINE HOLISTIC HEALTH CARE LLC

Current Principal Place of Business:

508 N. RAINBOW DR.
HOLLYWOOD, FL 33021

Current Mailing Address:

508 N. RAINBOW DR.
HOLLYWOOD, FL 33021 UN

FEI Number: 87-4304467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAXAS, CAROLINE G
508 N. RAINBOW DR.
HOLLYWOOD, FL 33021 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	Title	MGR
Name	FAXAS, CAROLINE G	Name	FAXAS, ANTHONY M
Address	508 N. RAINBOW DR.	Address	508 N. RAINBOW DR.
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

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: CAROLINE FAXAS

MGR

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date