

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015457

Entity Name: ABSOLUTE HEALTH GROUP, LLC

Current Principal Place of Business:

4850 CAMPO SANO COURT
CORAL GABLES, FL 33146

Current Mailing Address:

4850 CAMPO SANO COURT
CORAL GABLES, FL 33146

FEI Number: 51-0502219

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAROD, DAYANA OWNER
4850 CAMPO SANO COURT
CORAL GABLES, FL 33146 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 MGRM
Name CAROD, DAYANA MGRM
Address 4850 CAMPO SANO COURT
City-State-Zip: CORAL GABLES FL 33146

Title MGRM
Name CAROD, DAYANA DMGRM
Address 4850 CAMPO SANO COURT
City-State-Zip: CORAL GABLES FL 33146

Title MANAGER
Name FIALLO, MARIA E
Address 4850 CAMPO SANO COURT
City-State-Zip: CORAL GABLES FL 33146

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: DAYANA CAROD

OWNER

02/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date