

**2021 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

MANAGER

02/16/2021

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

\_\_\_\_\_ Date