

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068951

Entity Name: HEALTHLETIX MANAGEMENT LLC**Current Principal Place of Business:**9838 OLD BAYMEADOWS ROAD
SUITE 290
JACKSONVILLE, FL 32256**Current Mailing Address:**9838 OLD BAYMEADOWS RD
STE 290
JACKSONVILLE, FL 32256 US**FEI Number:** 30-0574091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AG ONE FINANCIAL INC
302 3RD STREET SUITE 4
NEPTUNE BEACH, FL 32266 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:** CRAIG JOHNSON

04/16/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|---------------------------------|
| Title | AMBR |
| Name | IPS LYNX, INC |
| Address | 9446 PHILIPS HIGHWAY SUITE 3 |
| City-State-Zip: | JACKSONVILLE FL 32256 |

| | |
|-----------------|-----------------------|
| Title | AMBR |
| Name | JRL TEAM LLC |
| Address | 536 N BRIDGESTONE AVE |
| City-State-Zip: | ST JOHNS FL 32259 |

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: IPS LYNX INC**AUTHORIZED MEMBER**

04/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date