

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000009782

**Entity Name:** SUMILANG HEALTH CARE, LLC

**Current Principal Place of Business:**

2040 NE COACHMAN RD  
STE B  
CLEARWATER, FL 33765

**Current Mailing Address:**

2040 NE COACHMAN RD  
STE B  
CLEARWATER, FL 33765 US

**FEI Number:** 45-4438094

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALTERS, DOUGLAS  
5266 OFFICE PARK BLVD  
SUITE 204  
BRADENTON, FL 34203 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:** DOUGLAS WALTERS

04/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TRIP S INC  
Address 2040 NE COACHMAN RD  
SUITE B  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name STINE, CHRISTOPHER  
Address 2040 NE COACHMAN RD  
SUITE B  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name SPARKS, ROBERT  
Address 2040 NE COACHMAN RD  
SUITE B  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name SAUERWEIN, JAMI  
Address 2040 NE COACHMAN RD  
SUITE B  
City-State-Zip: CLEARWATER FL 33765

*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:** ROBERT SPARKS

**PRESIDENT**

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date