

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000058758

Entity Name: CHRYSALIS HEALTHCARE ADMINISTRATION, LLC**Current Principal Place of Business:**3800 W. BROWARD BLVD.
100
FT. LAUDERDALE, FL 33312**Current Mailing Address:**3800 W. BROWARD BLVD.
100
FT. LAUDERDALE, FL 33312**FEI Number:** 46-4794291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LACASA, EDUARDO R
1507 SUNSET DR.
CORAL GABLES, FL 33143 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
Name	LACASA, EDUARDO R
Address	1507 SUNSET DR.
City-State-Zip:	CORAL GABLES FL 33143

Title	MGRM
Name	MENENDEZ, MANUEL
Address	1507 SUNSET DR.
City-State-Zip:	CORAL GABLES FL 33143

Title	MGRM
Name	JUNQUERA, ANGEL
Address	1507 SUNSET DR.
City-State-Zip:	CORAL GABLES FL 33143

Title	MGRM
Name	LYNCH, LESLIE
Address	1507 SUNSET DR.
City-State-Zip:	CORAL GABLES FL 33143

Title	MGRM
Name	DEMILLE, ANUSKA
Address	1507 SUNSET DR.
City-State-Zip:	CORAL GABLES FL 33143

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: MANUEL E MENENDEZ

MGRM

03/11/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date