

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000067919

**Entity Name:** ROSS MYLES HEALTH LLC

**Current Principal Place of Business:**

C/O PLD ACQUISITIONS LLC  
10400 NW 29TH TERRACE  
MIAMI, FL 33172

**Current Mailing Address:**

C/O PLD ACQUISITIONS LLC  
10400 NW 29TH TERRACE  
MIAMI, FL 33172 US

**FEI Number:** 32-0411708

**Certificate of Status Desired:** No

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

PLD ACQUISITIONS LLC  
10400 NW 29TH TERRACE  
MIAMI, FL 33172 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	Title	OTHER, MANAGER
Name	PLD ACQUISITIONS LLC	Name	ESPOSITO, CHRISTINE
Address	10400 NW 29TH TERRACE	Address	C/O PLD ACQUISITIONS LLC 10400 NW 29TH TERRACE
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*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:** CHRISTINE ESPOSITO

**ACCOUNTING MANAGER** 06/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date