## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000156589

Entity Name: KIDS MOBILE HEALTH LLC

Current Principal Place of Business:

10101 COLLINS AVE

12A

BAL HARBOUR, FL 33154

## **Current Mailing Address:**

401 WEST ATLANTIC AVENUE SUITE 09 DELRAY BEACH, FL 33444

FEI Number: APPLIED FOR Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NORYCH, IAN R 2727 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 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

FILED Jan 07, 2015

**Secretary of State** 

CC0164800632

## Authorized Person(s) Detail:

Title MGR

Name DRAZIN, SAMANTHA

Address 7801 N. FEDERAL HIGHWAY, APT. 4-

207

City-State-Zip: BOCA RATON FL 33487

SIGNATURE: SAMANTHA DRAZIN

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.

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

01/07/2015

Date