

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000005096

Entity Name: MCLAUGHLIN HEALTH & PERFORMANCE, LLC

Current Principal Place of Business:

920 WEKIVA SPRINGS RD
PO BOX 915456
LONGWOOD, FL 32791

Current Mailing Address:

920 WEKIVA SPRINGS RD
PO BOX 915456
LONGWOOD, FL 32791 US

FEI Number: 38-3953179

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACKBIRD SERVICES, INC
955 N ORLANDO AVE
APT 511
MAITLAND, FL 32751 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: ANTOINE MATAR

04/09/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MCLAUGHLIN, BRENDAN
Address 955 N ORLANDO AVE
APT 511
City-State-Zip: MAITLAND FL 32751

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: BRENDAN MCLAUGHLIN

MANAGER

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date