

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000025322

**Entity Name:** AMERICAN HEART SAVER INSTITUTE LLC

**Current Principal Place of Business:**

1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

POST OFFICE BOX 173272  
TAMPA, FL 33672 US

**FEI Number:** 47-3265532

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** NATALIA UTRERA

09/15/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE

Name JAMIE HIRSCH

Address POST OFFICE BOX 173272

City-State-Zip: TAMPA FL 33672

*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:** JAMIE HIRSCH

REPRESENTATIVE

09/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date