

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000094566

Entity Name: TREMENDO HEALTHCARE CONSULTING GROUP, LLC

Current Principal Place of Business:

1887 OX BOW TRCE
TALLAHASSEE, FL 32312

Current Mailing Address:

1887 OX BOW TRCE
TALLAHASSEE, FL 32312 US

FEI Number: 46-4003573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIS, ANA C ESQ.
8950 SW 74 CT
SUITE 2268
MIAMI, FL 33156 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: ANA C HARRIS, ESQ

02/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | MGR | Title | MGR |
| Name | ESTUPINAN, DANNY | Name | ACOSTA, YANELY |
| Address | 1887 OX BOW TRCE | Address | 1887 OX BOW TRCE |
| City-State-Zip: | TALLAHASSEE FL 32312 | City-State-Zip: | TALLAHASSEE FL 32312 |

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: DANNY ESTUPINAN

MGR

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date