

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000095652

Entity Name: ACE HEALTH ASSOCIATES LLC**Current Principal Place of Business:**3238 NE 12TH AVE
OAKLAND PARK, FL 33334**Current Mailing Address:**3238 NE 12TH AVE
OAKLAND PARK, FL 33334 US**FEI Number:** 47-4173390**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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	MGR
Name	WALTERS, TABYTHA
Address	10855 NW 9TH MANOR
City-State-Zip:	CORAL SPRINGS FL 33071

Title	MEMBER
Name	ANDREE, COLETTE
Address	12442 NW 57TH STREET
City-State-Zip:	CORAL SPRINGS FL 33076

Title	MEMBER
Name	CANNATELLI, ROBBYN
Address	10855 NW 9TH MANOR
City-State-Zip:	CORAL SPRINGS FL 33071

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: COLETTE ANDREE

MEMBER

03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date