

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000046714

**Entity Name:** COTA HEALTH LLC

**Current Principal Place of Business:**

2950 N.E 188 ST.  
333  
AVENTURA, FL 33180

**Current Mailing Address:**

8457 SW. 137 AVE  
MIAMI, FL 33183 US

**FEI Number:** 81-2082006

**Certificate of Status Desired:** Yes

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

COTA, MARISSA  
2950 N.E 188 ST.  
333  
AVENTURA, FL 33180 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 COTA, MARISSA  
Address 2950 N.E 188 ST. UNIT 333  
City-State-Zip: AVENTURA FL 33180

*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:** MARISSA COTA

MGR.

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date