

2017 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:

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

03/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date