

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000047128

**Entity Name:** 3J'S HEALTHCARE GROUP LLC

**Current Principal Place of Business:**

6846 NW 77 CT  
MIAMI, FL 33166

**Current Mailing Address:**

6846 NW 77 CT  
MIAMI, FL 33166 US

**FEI Number:** 81-1762357

**Certificate of Status Desired:** Yes

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

LASTRA, WILSON  
10928 NW 69 ST  
DORAL, FL 33178 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 MGRM  
Name SALAS, ONELYMAR  
Address 10928 NW 69 ST  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name LASTRA, WILSON  
Address 10928 NW 69 ST.  
City-State-Zip: DORAL FL 33178

*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:** WILSON LASTRA

MGRM

01/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date