

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000177164

**Entity Name:** EFC HEALTH SERVICES, LLC

**Current Principal Place of Business:**

18948 NW 57 AVE  
APT 206  
MIAMI LAKES, FL 33015

**Current Mailing Address:**

18948 NW 57 AVE  
APT 206  
MIAMI LAKES, FL 33015

**FEI Number:** 81-3940405

**Certificate of Status Desired:** No

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

FELIPE CRUZ, EBLYS  
18948 NW 57 AVE  
APT 206  
MAIMI LAKES, FL 33015 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 FELIPE CRUZ, EBLYS  
Address 18948 NW 57 AVE  
City-State-Zip: APT 206 FL 33015

*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:** EBLYS FELIPE CRUZ

**MANAGER**

**03/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date