

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000191721

Entity Name: HEALTHSOLUTIONS LLC

Current Principal Place of Business:

11924 FOREST HILL BLVD.
STE. 10A-243
WELLINGTON, FL 33414

Current Mailing Address:

11924 FOREST HILL BLVD.
STE. 10A-243
WELLINGTON, FL 33414 UN

FEI Number: 81-4149908

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RODRIGUEZ-LOUIS, MAGALI
1196 JACKPINE STREET
WELLINGTON, FL 33414 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 MANAGER
Name RODRIGUEZ-LOUIS, MAGALI
Address 11924 FOREST HILL BLVD.
 STE. 10A-243
City-State-Zip: WELLINGTON 33414

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: MAGALI RODRIGUEZ-LOUIS

MANAGER

02/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date