

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000016774

**FILED  
Apr 23, 2019  
Secretary of State  
6611508174CC**

**Entity Name:** TERRA HEALTH CARE LAB LLC

**Current Principal Place of Business:**

13373 TWINWOOD LANE,  
APT 2319  
ORLANDO, FL 32837

**Current Mailing Address:**

13373 TWINWOOD LANE,  
APT 2319  
ORLANDO, FL 32837 US

**FEI Number:** 81-5052834

**Certificate of Status Desired:** No

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

TORTOLERO, CARLOS J  
13373 TWINWOOD LANE  
APT 2319  
ORLANDO, FL 32837 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 RIVAS ALCALA, ELIO  
Address 13373 TWINWOOD LANE APT 2319  
City-State-Zip: ORLANDO FL 32837

Title MGR  
Name TORTOLERO, CARLOS J  
Address 13373 TWINWOOD LANE APT 2319  
City-State-Zip: ORLANDO FL 32837

Title MANAGER  
Name FIGUEREDO DE ANTONUCCI, INGRID  
C  
Address 13373 TWINWOOD LN APT 2319  
City-State-Zip: ORLANDO FL 32837

*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:** CARLOS TORTOLERO

**MANAGER**

**04/23/2019**

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

\_\_\_\_\_  
Date