

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000042636

Entity Name: TREK HEALTHCARE LLC.

Current Principal Place of Business:

11767 S DIXIE HWY #208
PINECREST, FL 33156

Current Mailing Address:

P. O. BOX 14-4131
CORAL GABLES, FL 33114 US

FEI Number: 85-3653284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUIRANTES, RAMON
11767 S DIXIE HWY #208
PINECREST, FL 33156 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	AMBR	Title	MGR
Name	QUIRANTES, ADELAIDA	Name	QUIRANTES, RAMON
Address	11767 S DIXIE HWY #208	Address	11767 S DIXIE HWY #208
City-State-Zip:	PINECREST FL 33156	City-State-Zip:	PINECREST FL 33156

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: RAMON QUIRANTES

OFFICER

04/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date