

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000109189

**Entity Name:** TRISTA EDWARDS HEALTH LLC

**Current Principal Place of Business:**

4211 NE 12TH TERRACE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

4211 NE 12TH TERRACE  
POMPANO BEACH, FL 33064

**FEI Number:** 82-1628199

**Certificate of Status Desired:** No

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

EDWARDS, TRISTA  
4211 NE 12TH TERRACE  
POMPANO BEACH, FL 33064 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            AUTHORIZED MEMBER  
Name            EDWARDS, TRISTA DAWN  
Address        4211 NE 12TH TERRACE  
City-State-Zip: POMPANO BEACH FL 33064

*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:** TRISTA EDWARDS

**OWNER**

**02/01/2024**

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

\_\_\_\_\_  
Date