

2018 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 DAWN EDWARDS

03/29/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date