

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000225489

Entity Name: LA FAMILIA HEALTH CLINIC LLC

Current Principal Place of Business:

7625 SW 62ND CT
STE 100
OCALA, FL 34476

Current Mailing Address:

7625 SW 62ND CT
STE 100
OCALA, FL 34476

FEI Number: 82-3258326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACORN TAX AND WEALTH ADVISORS LLC
7494 SW 60TH AVE
SUITE B
OCALA, FL 34476 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: AUSTIN VEALEY

02/02/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ROSARIO, MARIA
Address 7625 SW 62ND CT STE 100
City-State-Zip: Ocala FL 34476

Title AMBR
Name ROSARIO, RAFAEL
Address 7625 SW 62ND CT STE 100
City-State-Zip: Ocala FL 34476

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: RAFAEL ROSARIO

AMBR

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date