

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000074770

**Entity Name:** DIABETICS360 LLC

**Current Principal Place of Business:**

3523 PINE HAVEN CIRCLE  
BOCA RATON, FL 33431

**Current Mailing Address:**

3523 PINE HAVEN CIRCLE  
BOCA RATON, FL 33431 US

**FEI Number:** 82-4865681

**Certificate of Status Desired:** No

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

ARCHAMBAULT, MIKE  
3523 PINE HAVEN CIRCLE  
BOCA RATON, FL 33431 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  
Name ARCHAMBAULT, MIKE  
Address 3523 PINE HAVEN CIRCLE  
City-State-Zip: BOCA RATON FL 33431

Title AMBR  
Name ARCHAMBAULT, MARIE  
Address 3523 PINE HAVEN CIRCLE  
City-State-Zip: BOCA RATON FL 33431

*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:** MIKE ARCHAMBAULT

**MANAGER**

**02/14/2019**

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

\_\_\_\_\_  
Date