

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000149022

**Entity Name:** TRUTH HEALTH ACADEMY, LLC

**Current Principal Place of Business:**

7764 NW 44TH ST  
SUNRISE, FL 33351

**Current Mailing Address:**

7764 NW 44TH ST  
SUNRISE, FL 33351 US

**FEI Number: 83-1035693**

**Certificate of Status Desired: No**

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

FEARON, SIRP  
7764 NW 44TH ST  
SUNRISE, FL 33351 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 MGR  
Name MALCOLM, MARVA  
Address 7764 NW 44TH ST  
City-State-Zip: SUNRISE FL 33351

Title AUTHORIZED MEMBER  
Name FEARON, SIR P  
Address 7764 NW 44TH ST  
City-State-Zip: SUNRISE FL 33351

Title MGR  
Name FEARON, NIEKO  
Address 7764 NW 44TH ST  
City-State-Zip: SUNRISE FL 33351

*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: MARVA MALCOLM**

**MGR**

**04/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date