## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000164836

Entity Name: CARE YOUR HEALTH LLC

**Current Principal Place of Business:** 

17301 BISCAYNE BLVD **APT 608** 

NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:** 

17301 BISCAYNE BLVD **APT 608** 

NORTH MIAMI BEACH, FL 33160 US

FEI Number: 83-1202320 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAS, WALTER D 17301 BISCAYNE BLVD **APT 608** NORTH MIAMI BEACH, FL 33160 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: WALTER D LAS 03/25/2021

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title **MANAGER** 

LAS, WALTER D Name Name ZICARELLI, GLADYS M 17301 BISCAYNE BLVD 17301 BISCAYNE BLVD Address Address

**APT 608 APT 608** 

City-State-Zip: NORTH MIAMI BEACH FL 33160 City-State-Zip: NORTH MIAMI BEACH FL 33160

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.

**FILED** Mar 25, 2021

**Secretary of State** 

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