

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000164836

**FILED
Apr 30, 2019
Secretary of State
1433008365CC**

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:

MEJ PROFESSIONAL SERVICES INC
345 NE 194 LN
MIAMI, FL 33179 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	Title	MANAGER
Name	LAS, WALTER D	Name	ZICARELLI, GLADYS M
Address	17301 BISCAYNE BLVD APT 608	Address	17301 BISCAYNE BLVD 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.

SIGNATURE: LAS , WALTER D

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date