

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000168652

**Entity Name:** ACCESS HEALTH & LIFE, LLC

**Current Principal Place of Business:**

1017 SW HUNTER RD  
LAKE CITY, FL 32024

**Current Mailing Address:**

1017 SW HUNTER RD  
LAKE CITY, FL 32024 US

**FEI Number: 83-1336796**

**Certificate of Status Desired: No**

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

VILLAR, ANDRES O  
1017 SW HUNTER RD  
LAKE CITY, FL 32024 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	Title	MGR
Name	VILLAR, ANNA	Name	VILLAR, ANDRES O
Address	1017 SW HUNTER RD	Address	1017 SW HUNTER RD
City-State-Zip:	LAKE CITY FL 32024	City-State-Zip:	LAKE CITY FL 32024

*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: ANDRES VILLAR**

**OWNER**

**02/08/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date