

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000280999

**Entity Name:** TALCOTT HEALTH SERVICES LLC

**Current Principal Place of Business:**

4720 CLEVELAND HEIGHTS BLVD  
203  
LAKELAND, FL 33813

**Current Mailing Address:**

1355 SUMMIT CHASE DRIVE  
LAKELAND, FL 33813 US

**FEI Number:** 83-2761707

**Certificate of Status Desired:** No

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

TALCOTT, MONICA  
4720 CLEVELAND HEIGHTS BLVD  
203  
LAKELAND, FL 33813 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            AUTHORIZED MEMBER  
Name            TALCOTT, MONICA  
Address        1355 SUMMIT CHASE DRIVE  
City-State-Zip: LAKELAND FL 33813

Title            AUTHORIZED MEMBER  
Name            TALCOTT, BRENDT  
Address        1355 SUMMIT CHASE DRIVE  
City-State-Zip: LAKELAND FL 33813

*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:** MONICA TALCOTT

**AMBR**

**04/30/2022**

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

\_\_\_\_\_  
Date