

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000097070

**Entity Name:** V12 HEALTH LLC

**Current Principal Place of Business:**

16850 COLLINS AVE  
112  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16850 COLLINS AVE  
112  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 85-0688159

**Certificate of Status Desired:** No

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

V12 FORZA LLC  
16850 COLLINS AVE  
112  
SUNNY ISLES 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name KIRSCHEN, TAREK CEO  
Address 16850 COLLINS AVE  
112  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER  
Name HEWITT, MONIQUE  
Address 16850 COLLINS AVE  
112  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER  
Name V12FORZA LLC  
Address 16850 COLLINS AVE  
112  
City-State-Zip: SUNNY ISLES 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:** TAREK KIRSCHEN

AMBR

05/01/2023

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

\_\_\_\_\_  
Date