

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000099179

Entity Name: LOPEZ FAMILY HEALTH LLC

Current Principal Place of Business:

13847 NORTHWEST 22ND COURT
SUNRISE, FL 33323

Current Mailing Address:

13847 NORTHWEST 22ND COURT
SUNRISE, FL 33323 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOPEZ, RAPHAEL J
13847 NORTHWEST 22ND COURT
SUNRISE, FL 33323 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	MGR
Name	LOPEZ, RAPHAEL J	Name	LOPEZ, JESSICA M
Address	13847 NORTHWEST 22ND COURT	Address	13847 NW 22ND CT
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

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: RAPHAEL J LOPEZ

APRN

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date