

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000124687

**Entity Name:** INFINITY HEALTH SERVICES LLC

**Current Principal Place of Business:**

8410 RENALD BLVD  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

8410 RENALD BLVD  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 85-1142591

**Certificate of Status Desired:** No

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

ASHLEY, REGGINAE  
8410 RENALD BLVD  
TEMPLE TERRACE, FL 33637 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	AUTHORIZED MEMBER
Name	ASHLEY, REGGINAE	Name	MURRAY, LEKIA
Address	8410 RENALD BLVD	Address	8410 RENALD BLVD
City-State-Zip:	TEMPLE TERRACE FL 33637	City-State-Zip:	TEMPLE TERRACE FL 33637

*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:** LEKIA MURRAY

**MANAGER**

**04/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date