

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000182000

Entity Name: MITINGER HEALTH LLC

Current Principal Place of Business:

5017 NORTHERN LIGHTS DR
GREENACRES, FL 33463

Current Mailing Address:

5017 NORTHERN LIGHTS DR
GREENACRES, FL 33463

FEI Number: 85-1982271

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITINGER, MICHELLE S
5017 NORTHERN LIGHTS DR
GREENACRES, FL 33463 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
Name MITINGER, MICHELLE S
Address 5017 NORTHERN LIGHTS DR
City-State-Zip: GREENACRES FL 33463

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: MICHELLE MITINGER

MS.

02/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date