

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000187331

Entity Name: AMELIE HEALTH CARE LLC

Current Principal Place of Business:

2145 NE 164TH ST
420
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

2145 NE 164TH ST
420
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 85-1900858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIANO & ASSOCIATES, LLC
9720 STIRLING RD
204C
COOPER CITY, FL 33024 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 WOLFGANG, LEON W
Address 2145 NE 164TH ST, 420
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGR
Name MARIA, SOMOZA M
Address 2145 NE 164TH ST, 420
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGR
Name LIANNI, ANGERIS L
Address 2145 NE 164TH ST, 420
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: WOLFGANG LEON

MGR

03/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date