

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000390023

**Entity Name:** SIMPLE LIFE HEALTH CENTER, LLC

**Current Principal Place of Business:**

4206 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33904

**Current Mailing Address:**

4206 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33904

**FEI Number:** 85-4355347

**Certificate of Status Desired:** No

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

MONACO, SIMONE  
4206 DEL PRADO BLVD SOUTH  
CAPE CORAL, FL 33904 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 SAINTUS, LINA  
Address 5242 MILL WAY  
City-State-Zip: STONE MOUNTAIN GA 30083

Title MGR  
Name MONACO, SETH  
Address 4206 DEL PRADO BLVD SOUTH  
City-State-Zip: CAPE CORAL FL 33904

Title MANAGER  
Name MONACO, SIMONE  
Address 4206 DEL PRADO BLVD SOUTH  
City-State-Zip: CAPE CORAL FL 33904

*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:** SETH MONACO

**OWNER**

**02/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date