

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000189579

Entity Name: LE' OXFORD HEALTHCARE & BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

14503 BRAHMA RD.
POLK CITY, FL 33868

Current Mailing Address:

4748 GREENLAW DRIVE
VIRGINIA BEACH, FL 23464 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, AMANDA L
14503 BRAHMA RD.
POLK CITY, FL 33868 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 AMBR
Name FORD, AMANDA L
Address 14503 BRAHMA RD.
City-State-Zip: POLK CITY FL 33868

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: AMANDA LEE FORD

AMBR

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date