## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000291980

**Entity Name: CHRISTENOT HEALTH LLC** 

**Current Principal Place of Business:** 

54 GREAT HORNED OWL CT. FREEPORT, FL 32439

**Current Mailing Address:** 

54 GREAT HORNED OWL CT. FREEPORT, FL 32439 US

FEI Number: 87-1549972 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTHEW, CHRISTENOT 54 GREAT HORNED OWL CT. FREEPORT, FL 32439 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

FILED Apr 28, 2025

**Secretary of State** 

3218893824CC

Authorized Person(s) Detail:

Title AR Title AR

NameCHRISTENOT, MATTHEWNameCHRISTENOT, STEPHANIEAddress54 GREAT HORNED OWL CT.Address54 GREAT HORNED OWL CT.

City-State-Zip: FREEPORT FL 32439 City-State-Zip: FREEPORT FL 32439

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: MATTHEW CHRISTENOT

**OWNER** 

04/28/2025