# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000381719

Entity Name: ARMOR HEALTH OF NUECES COUNTY, LLC

## **Current Principal Place of Business:**

4960 S.W. 72ND AVE STE 400 MIAMI, FL 33155

# **Current Mailing Address:**

4960 S.W. 72ND AVE STE 400 MIAMI, FL 33155 US

## FEI Number: 87-2482706

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

C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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

## Authorized Person(s) Detail :

TitleMGRNameCAMPO, OTTOAddress4960 S.W. 72ND AVE STE 400City-State-Zip:MIAMI FL 33155

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: OTTO CAMPO

CEO

04/04/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 04, 2023 Secretary of State 1374572472CC

Certificate of Status Desired: Yes

Date