

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000447380

**Entity Name:** DR. POPO HEALTH COACH, LLC

**Current Principal Place of Business:**

29154 CAMELLIA LN  
BIG PINE KEY, FL 33043

**Current Mailing Address:**

29154 CAMELLIA LN  
BIG PINE KEY, FL 33043

**FEI Number: 88-2460765**

**Certificate of Status Desired: No**

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

POPO FILIGRANA, DAVID  
29154 CAMELLIA LN  
BIG PINE KEY, FL 33043 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 POPO FILIGRANA, DAVID  
Address 29154 CAMELLIA LN  
City-State-Zip: BIG PINE KEY FL 33043

*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: POPO FILIGRANA DAVID**

**MANAGER**

**02/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date