

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000487627

**Entity Name:** MASTER OUR HEALTH, LLC

**Current Principal Place of Business:**

7901 4TH ST N STE 6507  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N STE 6507  
ST. PETERSBURG, FL 33702 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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	Title	MGR
Name	HAKEEM, HREHAN	Name	HILL, MATTHEW
Address	7901 4TH ST N STE 6507	Address	7901 4TH ST N STE 6507
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

*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:** HREHAN HAKEEM

MGR

02/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date