

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000515806

**Entity Name:** A&A HEALTHCARE HOLDINGS LLC

**Current Principal Place of Business:**

1205 SW 37 AVE  
MIAMI, FL 33135

**Current Mailing Address:**

1205 SW 37 AVE  
MIAMI, FL 33135

**FEI Number:** 87-3865117

**Certificate of Status Desired:** No

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

ALVAREZ, NICOLAS  
1205 SW 37 AVE  
MIAMI, FL 33135 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 MGRM  
Name A2 HEALTH SERVICES, LLC  
Address 1205 SW 37 AVE  
City-State-Zip: MIAMI FL 33135

Title MGRM  
Name ALVAREZ, NICOLAS  
Address 1205 SW 37 AVE  
City-State-Zip: MIAMI FL 33135

*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:** NICOLAS ALVAREZ

**PRESIDENT**

**04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date