

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000001360

**Entity Name:** BRITTO'S HEALTHCARE LLC

**Current Principal Place of Business:**

5941 NW 173 DRIVE  
UNIT 6  
HIALEAH, FL 33015

**Current Mailing Address:**

5941 NW 173RD DRIVE  
UNIT 6  
HIALEAH, FL 33015 US

**FEI Number:** 87-4231306

**Certificate of Status Desired:** Yes

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

JULIO C BRITO MIRANDA  
5941 NW 173RD DRIVE  
UNIT 6  
HIALEAH, FL 33015 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            AMBR  
Name            JULIO C BRITO MIRANDA  
Address        5941 NW 173 DRIVE  
                  UNIT 6  
City-State-Zip: HIALEAH FL 33015

*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:** JULIO C BRITTO

AMBR

04/07/2023

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

\_\_\_\_\_  
Date