

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000132338

**Entity Name:** LILY HEALTHCARE LLC

**Current Principal Place of Business:**

5580 W 26TH CT.  
212  
HIALEAH, FL 33016

**Current Mailing Address:**

5580 W 26TH CT.  
212  
HIALEAH, FL 33016

**FEI Number:** 88-1648249

**Certificate of Status Desired:** No

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

GONZALEZ, LILIANA  
5580 W 26TH CT.  
212  
HIALEAH, FL 33016 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 GONZALEZ, LILIANA  
Address 5580 W 26T CT 212  
City-State-Zip: HIALEAH FL 33016

*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:** GONZALEZ , LILIANA

MGR

04/28/2023

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

\_\_\_\_\_  
Date