

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000274240

Entity Name: WELO NON EMERGENCY MEDICAL TRANSPORTATION LLC

Current Principal Place of Business:

1672 S.W. BOYKIN AVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1672 S.W. BOYKIN AVE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 88-2897523

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERILAS, WISCHENE
1672 S.W. BOYKIN AVE
PORT SAINT LUCIE, FL 34953 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	AUTHORIZED REPRESENTATIVE
Name	LOVETA, BELFORT	Name	ERILAS, WISCHENE
Address	1672 S.W. BOYKIN AVE	Address	1672 SW BOYKIN AVE
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953

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: ERILAS WISCHENE

OWNER

04/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date