## **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000336239

**Entity Name: NORDIC HEALTH VENTURES LLC** 

**Current Principal Place of Business:** 

147 BEEF HILL DR

WAPWALLOPEN, PA 18660

**Current Mailing Address:** 

147 BEEF HILL DR

WAPWALLOPEN, PA 18660

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, ALLIE 6540 SCENIC HIGHWAY PENSACOLA, FL 32504 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: ALLIE JOHNSON 03/21/2024

Electronic Signature of Registered Agent

Date

FILED Mar 21, 2024

**Secretary of State** 

5227126859CC

Authorized Person(s) Detail:

Title MGR Title AMBR

Name NORDIC HEALTH SOLUTIONS Name KARCHNER, MICHELE

CHURCH OF HOPE

Address

147 BEEF HILL DRIVE

Address 147 BEEF HILL DRIVE City-State-Zip: WAPWALLOPEN PA 18660

City-State-Zip: WAPWALLOPEN PA 18660

Title AMBR

Name KRESSLER, JOHN II
Address 147 BEEF HILL DRIVE

City-State-Zip: WAPWALLOPEN PA 18660

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: JOHN KRESSLER AUTHORIZ

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED SIGNER 03/21/2024

Date