

**2023 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:**

LITTERER, 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name NORDIC HEALTH SOLUTIONS  
CHURCH OF HOPE  
Address 147 BEEF HILL DRIVE  
City-State-Zip: WAPWALLOPEN PA 18660

Title AMBR  
Name KARCHNER, MICHELE  
Address 147 BEEF HILL DRIVE  
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:** ALLIE LITTERER

**AUTHORIZED SIGNER**

**03/07/2023**

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

\_\_\_\_\_  
Date