

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000447417

**Entity Name:** ADM INTEGRATIVE HEALTH COACHING AND CONSULTING, L.L.C.

**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**3564860883CC**

**Current Principal Place of Business:**

3892 TANGLEWOOD CIRCLE  
TITUSVILLE, FL 32780

**Current Mailing Address:**

3892 TANGLEWOOD CIRCLE  
TITUSVILLE, FL 32780 US

**FEI Number: 92-1487687**

**Certificate of Status Desired: Yes**

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

MROZ, ANN D  
3892 TANGLEWOOD CIRCLE  
TITUSVILLE, FL 32780 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	AMGR
Name	MROZ, ANN D	Name	MROZ, JEFFREY P
Address	3892 TANGLEWOOD CIRCLE	Address	8917 MARIBOU CT
City-State-Zip:	TITUSVILLE FL 32780	City-State-Zip:	HIGHLANDS RANCH CO 80130

*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: ANN D MROZ**

**PRESIDENT**

**04/05/2024**

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

\_\_\_\_\_  
Date