

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000524471

Entity Name: UNION FAMILY HEALTH CARE LLC

Current Principal Place of Business:

50 BELMONT ST
SUITE A
LABELLE, FL 33935

Current Mailing Address:

621 9TH ST SW
NAPLES, FL 34117 US

FEI Number: 92-1393313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABALLE MOSQUEDA, MARIO
621 9TH ST SW
NAPLES, FL 34117 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	MGR
Name	ABALLE MOSQUEDA, MARIO	Name	ALMENARES CRUZ, YUDIT
Address	621 9TH ST SW	Address	1765 18TH AVE NE
City-State-Zip:	NAPLES FL 34117	City-State-Zip:	NAPLES FL 34120

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: ALMENARES CRUZ, YUDIT

MGR

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date