

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000535940

Entity Name: CONNECTED HEALTH SOLUTIONS LLC

Current Principal Place of Business:

421 MONTGOMERY RD
SUITE 105
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

421 MONTGOMERY RD
SUITE 105
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 92-1711773

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOLFE, RICHARD C ESQ.
175 SW 7TH STREET
PENTHOUSE 2410
MIAMI, FL 33130 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: RICHARD C WOLFE

03/06/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PINO, MARIO J
Address 153 DAHLIA DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name FORD, ANTHONY F
Address 1388 ALEUT LANE
City-State-Zip: ORMOND BEACH FL 32174

Title MGR
Name LARMAR LLC
Address 1835 NE MIAMI GARDENS DR
APT 331
City-State-Zip: NORTH MIAMI FL 33179

Title MGR
Name LARSON, JOHN T
Address 14205 LANIKAI BEACH DR
City-State-Zip: ORLANDO FL 32827

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: MARIO J PINO

MGR CEO

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date