

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000106176

**Entity Name:** SETMO HEALTH, LLC

**Current Principal Place of Business:**

1317 EDGEWATER DR  
1276  
ORLANDO, FL 32804

**Current Mailing Address:**

4346 SEA ROCK CT  
APOPKA, FL 32712

**FEI Number:** 92-3107050

**Certificate of Status Desired:** No

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

JOSEPH, SETHA  
1317 EDGEWATER DR  
SUITE 1276  
ORLANDO, FL 32804 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            CEO  
Name            JOSEPH, SETHA  
Address        1317 EDGEWATER DR  
City-State-Zip: ORLANDO FL 32804

*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:** SETHA JOSEPH

MRS

05/01/2024

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date