

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000326598

**Entity Name:** A & J HEALTH LLC

**Current Principal Place of Business:**

2690 NE 16TH AVE  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

2690 NE 16TH AVE  
POMPANO BEACH, FL 33064

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LEONARD, JOSEPH  
2690 NE 16TH AVE  
POMPANO BEACH, FL 33064 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 LEONARD, JOSEPH  
Address 2690 NE 16TH AVE  
City-State-Zip: POMPANO BEACH FL 33064

Title MGR  
Name ROJAS, ASHLEY  
Address 2690 NE 16TH AVE  
City-State-Zip: POMPANO BEACH FL 33064

Title MGR  
Name YOUNG, DONNA  
Address 819 SE 9TH AVE  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** DONNA YOUNG

MGR

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date