

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000368139

**Entity Name:** FLEITAS PRIMARY CARE AND MENTAL WELLNESS LLC

**Current Principal Place of Business:**

14629 SW 95TH LANE  
MIAMI, FL 33186

**Current Mailing Address:**

14629 SW 95TH LANE  
MIAMI, FL 33186

**FEI Number:** 93-3075468

**Certificate of Status Desired:** No

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

GOMEZ ALEJO, DUNIA  
14629 SW 95TH LANE  
MIAMI, FL 33186 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 GOMEZ ALEJO, DUNIA  
Address 14629 SW 95TH LANE  
City-State-Zip: MIAMI FL 33186

*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:** DUNIA GOMEZ ALEJO

MANAGER

04/10/2024

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

\_\_\_\_\_ Date