

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000373301

Entity Name: ANP HEALTH EDUCATION, LLC

Current Principal Place of Business:

14823 SW 43RD TERRACE RD
OCALA, FL 34473

Current Mailing Address:

14823 SW 43RD TERRACE RD
OCALA, FL 34473

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PELLOT, ALESKA
14823 SW 43RD TERRACE RD
OCALA, FL 34473 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 PELLOT, ALESKA
Address 14823 SW 43RD TERRACE RS
City-State-Zip: Ocala FL 34473

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: ALESKA PELLOT

MGR

04/29/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date