#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000553251

Entity Name: BMOREHEALTHCOACH FL LLC

FILED
Mar 10, 2024
Secretary of State
3201247361CC

# **Current Principal Place of Business:**

1147 HILLSBORO MILE, APARTMENT 415

HILLSBORO, FL 33062

## **Current Mailing Address:**

1147 HILLSBORO MILE, APARTMENT 415 HILLSBORO, FL 33062 US

FEI Number: 99-1190862 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HEPPNER, MAX 1147 HILLSBORO MILE, APARTMENT 415 HILLSBORO, FL 33062 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 AMBR

Name BLAXBERG, MINDI

Address 1147 HILLSBORO MILE, APARTMENT

415

City-State-Zip: HILLSBORO FL 33062

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: MINDI BLAXBERG OWNER 03/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date