

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000009000

**Entity Name:** ANDORHEALTH, LLC

**Current Principal Place of Business:**

4203 VINELAND DR.  
SUITE K6  
ORLANDO, FL 32811

**Current Mailing Address:**

4203 VINELAND RD.  
SUITE K6  
ORLANDO, FL 32811 US

**FEI Number:** 83-1558230

**Certificate of Status Desired:** No

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

TOLETI, RAJ  
4203 VINELAND RD.  
SUITE K6  
ORLANDO, FL 32811 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:** RAJ TOLETI

01/24/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name STREUFERT, SHANE  
Address 4203 VINELAND RD.  
SUITE K6  
City-State-Zip: ORLANDO FL 32811

*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:** SHANE STREUFERT

CFO

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date