

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000011213

Entity Name: RO HEALTH, LLC

Current Principal Place of Business:

1900 W. NICEKERSON ST., STE. #200
SEATTLE, WA 98119-1639

Current Mailing Address:

1900 W. NICEKERSON ST., STE.#200
SEATTLE, WA 98119-1639

FEI Number: 46-3049972

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US

FILED
Mar 28, 2023
Secretary of State
5275023459CC

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 WIDMYER, JEFFREY
Address 3004 W. VIEWMONT WAY WEST
City-State-Zip: SEATTLE WA 98199

Title MBR
Name WIDMYER, JEFFREY
Address 3004 W. VIEWMONT WAY WEST
City-State-Zip: SEATTLE WA 98199

Title AP
Name WIDMYER, JEFFREY
Address 3004 W. VIEWMONT WAY WEST
City-State-Zip: SEATTLE WA 98199

Title MBR
Name LEVANTHAL, CASSIDY
Address 104 W. 40TH ST., STE. 1600
City-State-Zip: NEW YORK NY 10018

Title AP
Name BUTTS, LISA
Address 4893 OAK PARK DR., NE
City-State-Zip: SALEM OR 97305

Title MBR
Name BURTON, RYAN
Address 6030 31ST AVE. S
City-State-Zip: SEATTLE WA 98108

Title LICENSING AND INSURANCE
ADMINISTRATOR
Name OLESON, ALEXANDRIA
Address 1555 S VAL VISTA DR
123
City-State-Zip: GILBERT AZ 85296

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: ALEXANDRIA OLESON

**LICENSING AND
INSURANCE
ADMINISTRATOR**

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date