## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019038

Entity Name: SALVATION HEALTH LLC

**Current Principal Place of Business:** 

19349 US HWY 301 DADE CITY, FL 33523

**Current Mailing Address:** 

P.O. BOX 4

TRILBY, FL 33593

FEI Number: 26-4670347 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, CARRIE L 19349 US HWY 301 DADE CITY, FL 33523 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

FILED Feb 25, 2015

**Secretary of State** 

CC4068247803

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name PEREZ, CARRIE L Name PEREZ, EDWARD III

Address PO BOX 4 Address PO BOX 4

City-State-Zip: TRILBY FL 33593 City-State-Zip: TRILBY FL 33593

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: CARRIE L PEREZ MANACE Electronic Signature of Signing Authorized Person(s) Detail

MANAGING PARTER 02

02/25/2015