

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061060

**Entity Name:** RADIANT HEALTH STRATEGIES, LLC

**Current Principal Place of Business:**

9591 W HEATHER LANE  
MIRAMAR, FL 33025

**Current Mailing Address:**

PO BOX 260711  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 27-1252702

**Certificate of Status Desired:** No

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

HUBBARD, PHYLLIS D  
9591 W HEATHER LANE  
MIRAMAR, FL 33025 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 HUBBARD, PHYLLIS D  
Address 9591 W HEATHER LANE  
City-State-Zip: MIRAMAR FL 33025

*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:** PHYLLIS HUBBARD

**OWNER**

**03/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date