## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092808

**Entity Name: BETTER HEALTHCARE LLC** 

**Current Principal Place of Business:** 

14201 W. SUNRISE BLVD. 103

SUNRISE, FL 33323

**Current Mailing Address:** 

14201 W. SUNRISE BLVD.

103

SUNRISE, FL 33323 US

FEI Number: 80-0748784 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JW LAW FIRM, P.A. 14201 W. SUNRISE BLVD. 104

SUNRISE, FL 33323 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: JAYSON J. WIGGILL 02/04/2025

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

Name WESSEL, JENNIFER Name WIGGILL, JAYSON

Address 14201 W. SUNRISE BLVD. Address 14201 W. SUNRISE BLVD.

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title MANAGER

Name DUDANI, AMNISHI

Address 14201 W. SUNRISE BLVD.

103

City-State-Zip: SUNRISE FL 33323

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: JAYSON WIGGILL MANAGER 02/04/2025

FILED Feb 04, 2025

**Secretary of State** 

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