

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000031110

**Entity Name:** MELEEO, LLC

**Current Principal Place of Business:**

1 VALLEY SQUARE STE 200  
BLUE BELL, PA 19422

**Current Mailing Address:**

1 VALLEY SQUARE STE 200  
BLUE BELL, PA 19422 US

**FEI Number:** 45-4923258

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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	MEMBER	Title	MEMBER
Name	GHR HEALTHCARE, LLC	Name	GHR HEALTHCARE GROUP, LLC
Address	1 VALLEY SQUARE STE 200	Address	1 VALLEY SQUARE STE 200
City-State-Zip:	BLUE BELL PA 19422	City-State-Zip:	BLUE BELL PA 19422

*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:** JEFFREY W. CRATER

**CFO**

**04/29/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date