## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000105329

Entity Name: CALFA HEALTH IT SOLUTION LLC

**Current Principal Place of Business:** 

10330 WATERSIDE CT PARKLAND, FL 33076

**Current Mailing Address:** 

10330 WATERSIDE CT PARKLAND . FL 33076 US

FEI Number: 46-0795735 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILIPPE, CALEB 10330 WATERSIDE CT PARKLAND, FL 33076 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** Mar 04, 2017

**Secretary of State** 

CC7580868078

Authorized Person(s) Detail:

Title MGR Title **MGRM** 

PHILIPPE, CALEB Name PHILIPPE, FARAH Name 5120 NW 98TH DRIVE Address 5120 NW 98TH DRIVE Address

City-State-Zip: CORAL SPRINGS FL 33076 City-State-Zip: CORAL SPRINGS FL 33076

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.

**MANAGER** 

SIGNATURE: CALEB PHILIPPE

Electronic Signature of Signing Authorized Person(s) Detail

03/04/2017 Date