

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000133667

**Entity Name:** AXEL HEALTH LLC

**Current Principal Place of Business:**

4820 GRIFFIN BLVD  
FORT MYERS, FL 33908

**Current Mailing Address:**

4820 GRIFFIN BLVD  
FORT MYERS, FL 33908

**FEI Number:** 47-2465941

**Certificate of Status Desired:** No

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

SHETTY, SUMEET  
4820 GRIFFIN BLVD  
FORT MYERS, FL 33908 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            AUTHORIZED MEMBER  
Name            SHETTY, SHAILAJA  
Address        4820 GRIFFIN BLVD  
City-State-Zip: FORT MYERS FL 33908

Title            CEO  
Name            SHETTY, SUMEET  
Address        4820 GRIFFIN BLVD  
City-State-Zip: FORT MYERS FL 33908

*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:** SUMEET SHETTY

**MGR**

**02/05/2025**

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

\_\_\_\_\_  
Date