

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000003684

Entity Name: CELESTE HEALTH CARE LLC

Current Principal Place of Business:

329 NORTHWEST 95 STREET
MIAMI, FL 33150

Current Mailing Address:

329 NORTHWEST 95 STREET
MIAMI, FL 33150

FEI Number: 47-2698316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASPILAIRE, ALEXANDRA
329 NORTHWEST 95 STREET
MIAMI, FL 33150 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	Title	MGR
Name	ASPILAIRE, ALEXANDRA	Name	ASPILAIRE, ALEXANDRA
Address	329 NORTHWEST 95 STREET	Address	329 NORTHWEST 95 STREET
City-State-Zip:	MIAMI FL 33150	City-State-Zip:	MIAMI FL 33150

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: ALEXANDRA ASPILAIRE

MGR

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date