

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000178219

**Entity Name:** DAYTONA HEALTHCARE HOLDINGS, LLC

**Current Principal Place of Business:**

4875 CASON COVE  
ORLANDO, FL 32811

**Current Mailing Address:**

PO BOX 3310  
WINDERMERE, FL 34786 US

**FEI Number:** 47-5370127

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET N., STE. 300  
ST PETERSBURG, FL 33702 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:** BILL HAVRE

01/31/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name CORLEY, SHAWN  
Address 4875 CASON COVE  
City-State-Zip: ORLANDO FL 32811

*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:** SHAWN CORLEY

AR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date