

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000187701

**Entity Name:** CONTROL YOUR HEALTH, LLC.

**Current Principal Place of Business:**

851 N. GOLDENROD RD.  
SUITE B  
ORLANDO, FL 32807

**Current Mailing Address:**

851 N. GOLDENROD RD.  
SUITE B  
ORLANDO, FL 32807

**FEI Number:** 81-4099761

**Certificate of Status Desired:** No

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

AGRAMONTE, OSCAR M  
8869 REPARTO AVE.  
ORLANDO, FL 32825 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  
Name            AGRAMONTE, OSCAR M  
Address        8869 REPARTO AVE.  
City-State-Zip: ORLANDO FL 32825

*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:** OSCAR M AGRAMONTE

MGR

01/13/2025

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

\_\_\_\_\_ Date