

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000132198

**Entity Name:** DUNIA HEALTH SERVICES LLC

**Current Principal Place of Business:**

4320 SW 143 AVE  
MIAMI, FL 33175

**Current Mailing Address:**

4320 SW 143 AVE  
MIAMI, FL 33175 US

**FEI Number: 82-3007482**

**Certificate of Status Desired: No**

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

SOLER, DUNIA  
4320 SW 143 AVE  
MIAMI, FL 33175 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: DUNIA SOLER**

**03/14/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SOLER, DUNIA  
Address 4320 SW 143 AVE  
City-State-Zip: MIAMI FL 33175

*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: DUNIA SOLER**

**PRESIDENT**

**03/14/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date