

2019 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: _____

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

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date