## 2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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 11/05/2020

Electronic Signature of Registered Agent

Date

FILED Nov 05, 2020

**Secretary of State** 

5724337679CR

## 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 11/05/2020