

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000149022

Entity Name: TRUTH HEALTH ACADEMY, LLC

Current Principal Place of Business:

7764 NW 44TH ST
SUNRISE, FL 33351

Current Mailing Address:

7764 NW 44TH ST
SUNRISE, FL 33351 US

FEI Number: 83-1035693

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEARON, SIR
7764 NW 44TH ST
SUNRISE, FL 33351 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: SIR FEARON

05/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MALCOLM, MARVA
Address 7764 NW 44TH ST
City-State-Zip: SUNRISE FL 33351

Title AUTHORIZED MEMBER
Name FEARON, SIR P
Address 7764 NW 44TH ST
City-State-Zip: SUNRISE FL 33351

Title MGR
Name FEARON, NIEKO
Address 7764 NW 44TH ST
City-State-Zip: SUNRISE FL 33351

Title MGR
Name FEARON, BRITANY
Address 7764 NW 44TH ST
City-State-Zip: SUNRISE FL 33351

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: SIR P FEARON

MGR

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date