

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000238211

Entity Name: OJEDA HEALTH SERVICES LLC

Current Principal Place of Business:

4390 W 12TH LN
6A
HIALEAH, FL 33012

Current Mailing Address:

4390 W 12TH LN
6A
HIALEAH, FL 33012

FEI Number: 83-2231650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OJEDA MARTINEZ, MAGBELYS
4390 W 12TH LN
6A
HIALEAH, FL 33012 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 OJEDA MARTINEZ, MAGBELYS
Address 4390 W 12TH LN. APT. 6A
City-State-Zip: HIALEAH FL 33012

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: OJEDA MARTINEZ , MAGBELYS

MGR

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date