

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000262571

**Entity Name:** URIDE RIDE 2 HEALTH, LLC

**Current Principal Place of Business:**

2131 RIBBON FALLS PARKWAY  
ORLANDO, FL 32824

**Current Mailing Address:**

2131 RIBBON FALLS PARKWAY  
ORLANDO, FL 32824

**FEI Number:** 83-2464181

**Certificate of Status Desired:** No

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

MARTINEZ, LAURA  
2131 RIBBON FALLS PARKWAY  
ORLANDO, FL 32824 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            AMBR  
Name            MARTINEZ, LAURA  
Address        2131 RIBBON FALLS PARKWAY  
City-State-Zip: ORLANDO FL 32824

*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:** LAURA MARTINEZ

**OWNER**

**04/02/2020**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date