

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000036071

**Entity Name:** 535 HEALTH, LLC

**Current Principal Place of Business:**

16528 NW 204TH ST  
HIGH SPRINGS, FL 32643

**Current Mailing Address:**

16528 NW 204TH ST  
HIGH SPRINGS, FL 32643 US

**FEI Number:** 83-3576269

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N #300  
ST PETERSBURG, FL 33702 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            THOMAS, DWAYNE  
Address        16528 NW 204TH ST  
City-State-Zip: HIGH SPRINGS FL 32643

Title            AMBR  
Name            RUMORE, TROY  
Address        21575 NW 217TH DR  
City-State-Zip: HIGH SPRINGS FL 32643

*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:** TROY RUMORE

AMBR

04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date