

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000080891

Entity Name: LIDO HEALTH LLC

Current Principal Place of Business:

320 CENTRAL AVENUE #323
SARASOTA, FL 34236

Current Mailing Address:

PO BOX 3566
SARASOTA, FL 34230 US

FEI Number: 22-5742859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, DAVID
443 S POLK DR
SARASOTA, FL 34236 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 WOOD, DAVID
Address PO BOX 3566
City-State-Zip: SARASOTA FL 34230

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: DAVID WOOD

MGR

06/30/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date