#### 2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000081658

Entity Name: ADVANTAGE HEALTH GROUP LLC

Jul 03, 2025 Secretary of State 9686712245CC

**FILED** 

## **Current Principal Place of Business:**

3469 WEST VINE ST KISSIMMEE, FL 34741

### **Current Mailing Address:**

3469 WEST VINE ST KISSIMMEE, FL 34741 US

FEI Number: 83-4188330 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MOGOLLON, WILLIAM 3469 WEST VINE ST KISSIMMEE, FL 34741 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:

Name

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title MGR

MOGOLLON, WILLIAM Name EXPERTAX FINANCIAL LLC

Title

MGR

Address 3469 WEST VINE ST Address 3469 WEST VINE ST

City-State-Zip: KISSIMMEE FL 34741 City-State-Zip: KISSIMMEE FL 34741

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: MOGOLLON WILLIAM

**MGR** 

07/03/2025