

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000086642

**Entity Name:** NXT LEVEL HEALTH, LLC

**Current Principal Place of Business:**

4901 NW 17TH WAY  
#404  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

7730 YOSEMITE LN.  
PARKLAND, FL 33067 US

**FEI Number:** 82-5301791

**Certificate of Status Desired:** No

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

TORRILLO, DOMENICK  
7730 YOSEMITE LN.  
PARKLAND, FL 33067 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           MANAGER  
Name           MEDNICK, BRADLEY  
Address        4748 W ATLANTIC BLVD  
                  #304  
City-State-Zip: COCONUT CREEK FL 33063

Title           MANAGER  
Name           TORRILLO, DOMENICK  
Address        7730 YOSEMITE LN.  
City-State-Zip: PARKLAND FL 33067

Title           MANAGER  
Name           HARDILL, JUSTIN  
Address        3520 CORAL SPRINGS DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** DOMENICK TORRILLO

**MANAGING MEMBER**

**02/03/2021**

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

\_\_\_\_\_  
Date