

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000162961

Entity Name: DELUXE HEALTH CENTER LLC

Current Principal Place of Business:

5795 NW 151 ST
5795 B
MIAMI LAKES, FL 33014

Current Mailing Address:

5795 NW 151 ST
5795 B
MIAMI LAKES, FL 33014 US

FEI Number: 84-2334625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIMENTEL RODRIGUEZ, HERBIE
1865 79TH CSWY
APT PHK
NORTH BAY VILLAGE, FL 33141 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 PIMENTEL RODRIGUEZ, HERBIE
Address 1865 79 ST CSWY
APT PHK
City-State-Zip: NORTH BAY VILLAGE FL 33141

Title MANAGER
Name PRESAS, JORGE
Address 5795 NW 151 ST
5795 B
City-State-Zip: MIAMI LAKES FL 33014

Title MANAGER
Name SANCHEZ, LUIS E
Address 5795 NW 151 ST
5795 B
City-State-Zip: MIAMI LAKES FL 33014

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: HERBIE PIMENTEL RODRIGUEZ

MGR

01/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date