

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000246314

**Entity Name:** KRINGEL HEALTH LLC

**Current Principal Place of Business:**

3488 WADING HERON TERRACE  
OVIEDO, FL 32766

**Current Mailing Address:**

3488 WADING HERON TERRACE  
OVIEDO, FL 32766 US

**FEI Number:** 83-3798011

**Certificate of Status Desired:** No

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

KRINGEL, KEVIN W  
3488 WADING HERON TERRACE  
OVIEDO, FL 32766 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	Title	MGR
Name	KRINGEL, KEVIN W	Name	KRINGEL, MARIA G
Address	3488 WADING HERON TERRACE	Address	3488 WADING HERON TERRACE
City-State-Zip:	OVIEDO FL 32766	City-State-Zip:	OVIEDO FL 32766

*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:** KEVIN KRINGEL

**MANAGER**

**02/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date