

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000258104

**Entity Name:** MW HEALTH PRODUCTS, LLC

**Current Principal Place of Business:**

1450 SW 3RD STREET  
SUITE A9  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1450 SW 3RD STREET  
SUITE A9  
POMPANO BEACH, FL 33069

**FEI Number:** 84-3543964

**Certificate of Status Desired:** No

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

MARCUS, JOEL  
676 WEST PROSPECT ROAD  
FORT LAUDERDALE, FL 33309 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            AMBR  
Name            PETER, MICHAEL J  
Address        1450 SW 3RD STREET, SUITE A9  
City-State-Zip: POMPANO BEACH FL 33069

*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:** MICHAEL J PETER

AMBR

02/01/2020

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

\_\_\_\_\_  
Date