## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000284555

Entity Name: PASE HEALTH SERVICES, LLC

**Current Principal Place of Business:** 

21651 SW 98 PL

CUTLER BAY, FL 33190

FILED
Mar 01, 2024
Secretary of State
5337494767CC

## **Current Mailing Address:**

21651 SW 98 PL

CUTLER BAY, FL 33190 US

FEI Number: 84-4227871 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DAVILA, SELENY MS 520 NW 109 AVE APT 1 MIAMI, FL 33172 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 AP

NameDAVILA, SELENY MSNameDAVILA, SELENY MSAddress21651 SW 98 PLAddress21651 SW 98 PL

City-State-Zip: CUTLER BAY FL 33190 City-State-Zip: CUTLER BAY FL 33190

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.

**OWNER** 

SIGNATURE: SELENY DAVILA