

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000039637

**Entity Name:** JULES HEALTH GROUP LLC

**Current Principal Place of Business:**

3870 SW 20TH AVE  
1605  
GAINESVILLE, FL 32607

**Current Mailing Address:**

3870 SW 20TH AVE  
1605  
GAINESVILLE, FL 32607

**FEI Number:** 84-4680318

**Certificate of Status Desired:** No

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

JULES, NEPHETALIE  
3870 SW 20TH AVE  
1605  
GAINESVILLE, FL 32607 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 JULES, NEPHETALIE  
Address 3870 SW 20TH AVE, 1605  
City-State-Zip: GAINESVILLE FL 32607

*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:** NEPHETALIE JULES

MGR

05/01/2021

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

\_\_\_\_\_  
Date