

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000072398

Entity Name: ASPIRE HEALTH DISTRIBUTION SERVICES LLC

Current Principal Place of Business:

4901 VINELAND RD.
SUITE 260
ORLANDO, FL 32811

Current Mailing Address:

4901 VINELAND RD.
SUITE 260
ORLANDO, FL 32811 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAUMGARTNER, MATTHEW J
9125 LAKE COVENTRY CT
GOTHA, FL 34734 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	AR
Name	HENDRICKSON, STEPHEN	Name	BAUMGARTNER, MATTHEW
Address	4901 VINELAND RD. SUITE 260	Address	9125 LAKE COVENTRY CT
City-State-Zip:	ORLANDO 32811	City-State-Zip:	GOTHA FL 34734

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: STEPHEN HENDRICKSON

MGR

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date