## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000096864

Entity Name: JAZALKAHEALTH LLC

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**Current Principal Place of Business:** 

1625 S FEDERAL HWY 415

POMPANO BEACH, FL 33062

**Current Mailing Address:** 

1625 S FEDERAL HWY

415

POMPANO BEACH, FL 33062

FEI Number: 85-0667911 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS CARD 1600 S FEDERAL HWY 941

POMPANO BEACH, FL 33062 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: STEPHEN M ZALKA 04/28/2023

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name ZALKA, JACOB A

Address 1625 S FEDERAL HWY #415 City-State-Zip: POMPANO BEACH FL 33062

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.

FILED Apr 28, 2023

**Secretary of State** 

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