

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000136295

**Entity Name:** TIGER HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

2401 NE 65TH ST  
#207  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2401 NE 65TH ST  
#207  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 85-1371985

**Certificate of Status Desired:** No

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

ROTHBLATT, JUSTIN NICHOLAS  
7886 NW 121ST WAY  
PARKLAND, FL 33076 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	MM	Title	MGR
Name	TIGER, COREY	Name	ROTHBLATT, JUSTIN NICHOLAS
Address	2401 NE 65TH ST, 207	Address	7886 NW 121ST WAY
City-State-Zip:	FORT LAUDERDALE FL 33308	City-State-Zip:	PARKLAND FL 33076

*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:** JUSTIN NICHOLAS ROTHBLATT

**MGR**

**02/27/2023**

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

\_\_\_\_\_  
Date