

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000174490

Entity Name: VILLAGES HEALTH CREDIT SERVICES, LLC

Current Principal Place of Business:

1585 SANTA BARBARA BLVD.
SUITE A
THE VILLAGES, FL 32159

Current Mailing Address:

5918 SW 13TH ST.
GAINESVILLE, FL 32608

FEI Number: 85-1562370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESTIERI, LAWRENCE
5918 SW 13TH ST.
GAINESVILLE, FL 32608 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 RESTIERI, LAWRENCE
Address 5918 SW 13TH ST.
City-State-Zip: GAINESVILLE FL 32608

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: LAWRENCE RESTIERI

OWNER

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date