

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000194966

**Entity Name:** SAMPLE HEALTH SOLUTIONS LLC

**Current Principal Place of Business:**

21245 NE 9TH COURT  
UNIT 1  
MIAMI, FL 33179

**Current Mailing Address:**

21245 NE 9TH COURT  
UNIT 1  
MIAMI, FL 33179 US

**FEI Number:** 85-2100867

**Certificate of Status Desired:** Yes

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

JEAN JUSTE, MARIE MICHELLE  
21245 NE 9TH COURT UNIT 1  
NORTH MIAMI BEACH, FL 33179 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:** MARIE MICHELLE JEAN JUSTE

02/21/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JEAN JUSTE, MARIE MICHELLE MGR  
Address 21245 NE 9TH COURT UNIT 1  
City-State-Zip: MIAMI FL 33179

Title AP  
Name JANAQUE, FEDORAH AP  
Address 21245 NE 9TH COURT UNIT 1  
City-State-Zip: MIAMI FL 33179

Title MGRM  
Name JEAM JUSTE, MARIE MICHELLE MGRM  
Address 21245 NE 9TH COURT UNIT 1  
City-State-Zip: MIAMI FL 33179

Title MGRM  
Name JANAQUE, FEDORAH MGRM  
Address 21245 NE 9TH COURT UNIT 1  
City-State-Zip: MIAMI FL 33179

*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:** JEAN JUSTE, MARIE MICHELLE, MGR

MGR

02/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date