

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000234613

**Entity Name:** MIRO HEALTH AGENCY LLC

**Current Principal Place of Business:**

2700 W ATLANTIC BLVD.  
204  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2700 W ATLANTIC BLVD.  
204  
POMPANO BEACH, FL 33069 US

**FEI Number:** 85-2332940

**Certificate of Status Desired:** No

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

RICE, RUDOLPH  
161 NE 5TH AVE.  
DEERFEILD BEACH, FL 33441 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:** RUDOLPH RICE

03/10/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RICE, RUDOLPH L  
Address 2700 W ATLANTIC BLVD.  
204  
City-State-Zip: POMPANO BEACH FL 33069

*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:** RUDOLPH RICE

MGR

03/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date