

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000313373

**Entity Name:** GABLES HEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

1793 SW 5TH STREET  
APT 404  
MIAMI, FL 33135

**Current Mailing Address:**

1793 SW 5TH STREET  
APT 404  
MIAMI, FL 33135 US

**FEI Number:** 85-3457496

**Certificate of Status Desired:** No

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

GARCIA CABALLERO, ROBERT  
1793 SW 5TH STREET  
APT 404  
MIAMI, FL 33135 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 GARCIA CABALLERO, ROBERT  
Address 1793 SW 5TH STREET APT 404  
City-State-Zip: MIAMI FL 33135

*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:** ROBERT GARCIA CABALLERO

**PRESIDENT**

**03/07/2022**

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

\_\_\_\_\_  
Date