

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000342470

Entity Name: HAVEN HEALTHCARE ADVOCATES LLC

Current Principal Place of Business:

411 S FREMONT AVE.
3
TAMPA, FL 33606

Current Mailing Address:

411 S FREMONT AVE.
3
TAMPA, FL 33606 US

FEI Number: 85-3849051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
36
ORLANDO, FL 32822 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 DALECHEK, KRISTY L
Address 411 S FREMONT AVE., UNIT 3
City-State-Zip: TAMPA FL 33606

Title MGR
Name SHELL, JON GREGORY
Address 411 S FREMONT AVE., UNIT 3
City-State-Zip: TAMPA FL 33606

Title MGR
Name DALECHEK, ALEXIS
Address 411 S FREMONT AVE., UNIT 3
City-State-Zip: TAMPA FL 33606

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: KRISTY DALECHEK

PRESIDENT

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date