

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000060978

Entity Name: OLIVE HEALTH LLC

Current Principal Place of Business:

4912 WEST TRAPNELL ROAD
PLANT CITY, FLORIDA 33566

Current Mailing Address:

4912 WEST TRAPNELL ROAD
PLANT CITY, FLORIDA 33566 UN

FEI Number: 86-2086380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUZMAN, YVETTE
4912 WEST TRAPNELL ROAD
PLANT CITY, FL 33566 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 AMBR
Name GUZMAN, YVETTE
Address 4912 WEST TRAPNELL ROAD
City-State-Zip: PLANT CITY FLORIDA 33566

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: YVETTE GUZMAN

CEO

04/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date