

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000097863

Entity Name: M ELITE MOBILE HEALTH CARE LLC

Current Principal Place of Business:

146 E 13TH ST
HIALEAH, FL 33010

Current Mailing Address:

146 E 13TH ST
HIALEAH, FL 33010 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, ENRIQUE
146 E 13TH ST
HIALEAH, FL 33010 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 MARSHALL, ENRIQUE
Address 146 E 13TH ST
City-State-Zip: HIALEAH FL 33010

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: ENRIQUE MARSHALL

AMBR

03/21/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date