

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000172976

Entity Name: MAMITA HEALTH CARE LLC

Current Principal Place of Business:

2379 NW 167 ST
APT 311
MIAMI GARDENS, FL 33056

Current Mailing Address:

2379 NW 167 ST
APT 311
MIAMI GARDENS, FL 33056 US

FEI Number: 86-3772010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAMEZAYGUEZ, NIESMISKA
2379 NW 167 ST APT 311
MIAMI GARDENS, FL 33056 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 TRAMEZAYGUEZ, NIESMISKA
Address 2379 NW 167 ST APT 311
City-State-Zip: MIAMI GARDENS FL 33056

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: NIESMISKA TRAMEZAYGUEZ

AMBR

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date