## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000183955

Entity Name: BEATRIZ HEALTH MANAGEMENT LLC

Feb 05, 2024 Secretary of State 6523464620CC

**FILED** 

#### **Current Principal Place of Business:**

1400 JEFFERSON DR UNIT A HOMESTEAD, FL 33034

# **Current Mailing Address:**

1400 JEFFERSON DR UNIT A HOMESTEAD, FL 33034 US

FEI Number: 86-3606839 Certificate of Status Desired: No

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

VILLAFUERTE, BEATRIZ 1400 JEFFERSON DR UNIT A HOMESTEAD, FL 33034 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 VILLAFUERTE, BEATRIZ
Address 1400 JEFFERSON DR UNIT A

City-State-Zip: HOMESTEAD FL 33034

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: BEATRIZ VILLAFUERTE

02/05/2024