

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000262028

**Entity Name:** PONSOL NORTH SHORE, LLC

**Current Principal Place of Business:**

1190 NW 95TH ST  
SUITE 105  
MIAMI, FL 33150

**Current Mailing Address:**

237 MALLORY CT  
WESTON, FL 33326 US

**FEI Number:** 87-1865604

**Certificate of Status Desired:** No

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

BELLO & MARTINEZ, PLLC  
2850 DOUGLAS RD  
SUITE 303  
CORAL GABLES, FL 33134 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:** IAN ILLYCH MARTINEZ, ESQ.

01/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PONSOL HEALTH, LLC  
Address 7801 SW 125 ST  
City-State-Zip: PINECREST FL 33156

*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:** FERNANDO ESPINOSA

MANAGER

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date