

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000384494

Entity Name: SUNTREE HEALTH LLC

Current Principal Place of Business:

4397 WYNDCLIFF CIRCLE
ORLANDO, FL 32817

Current Mailing Address:

4397 WYNDCLIFF CIRCLE
ORLANDO, FL 32817 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COUILLARD, SHANNON
4397 WYNDCLIFF CIRCLE
ORLANDO, FL 32817 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 SHANNON COUILLARD
Address 4397 WYNDCLIFF CIRCLE
City-State-Zip: ORLANDO FL 32817

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: SHANNON COUILLARD

MGR

04/28/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date