

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000461966

**Entity Name:** CONSUELO HEALTH CARE LLC

**Current Principal Place of Business:**

12150 SW 128 COURT  
SUITE 234  
MIAMI, FL 33186

**Current Mailing Address:**

11432 SW 190 TERRACE RD  
MIAMI, FL 33157 US

**FEI Number:** 87-3224913

**Certificate of Status Desired:** No

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

AGRAMONTE PARDO, DAYANA C  
11432 SW 190 TERRACE RD  
MIAMI, FL 33157 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            AGRAMONTE PARDO, DAYANA C  
Address        11432 SW 190 TERRACE RD  
City-State-Zip: MIAMI FL 33157

*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:** DAYANA CONSUELO AGRAMONTE PARDO

**OWNER**

**02/06/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date