

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000525442

**Entity Name:** UNLIMITED HEALTH CARE SOLUTIONS LLC

**Current Principal Place of Business:**

7404 SW 146TH CT  
MIAMI, FL 33183

**Current Mailing Address:**

7404 SW 146TH CT  
MIAMI, FL 33183 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DIAZ, YAMELKIS  
7404 SW 146TH CT  
MIAMI, FL 33183 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:** YAMELKIS DIAZ

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            DIAZ, YAMELKIS  
Address        7404 SW 146TH CT  
City-State-Zip: MIAMI FL 33183

*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:** YAMELKIS DIAZ

AMBR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date