

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000044396

**Entity Name:** AMAZINGLEE HEALTH CARE LLC

**Current Principal Place of Business:**

500 TRINITY LANE NORTH  
1108  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

3135 1ST AVE. NORTH  
P.O BOX 13765  
SAINT PETERSBURG, FL 33733

**FEI Number:** 88-0636130

**Certificate of Status Desired:** Yes

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

NETTLES, LEEANN  
500 TRINITY LANE NORTH  
1108  
ST. PETERSBURG, FL 33716 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           MANAGER  
Name           NETTLES, LEEANN M  
Address        500 TRINITY LANE NORTH  
                  7213  
City-State-Zip: ST. PETERSBURG FL 33716

*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:** LEEANN NETTLES

**MANAGER**

**04/30/2024**

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

\_\_\_\_\_  
Date