

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000289142

Entity Name: HEALTH GOODS MANAGERMENTS "LLC"**Current Principal Place of Business:**2291 GLENWOOD DR
ORLANDO, FL 32792**Current Mailing Address:**P.O. BOX 421026
KISSIMMEE, FL 34742 US**FEI Number:** 30-1332635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VECINO KARINA
479 NE 30TH ST
APTO 912
MIAMI, FL 33137 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:** VECINO KARINA

02/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	CONSUEGRA, JUAN
Address	1400 HERINGTON RD
City-State-Zip:	LAWRENCEVILLE GA 30044
Title	MGR
Name	ALBI VARELA, ANA CAROLINA
Address	2622 GIARDINO LOOP
City-State-Zip:	KISSIMMEE FL 34741

Title	MGR
Name	TORRES MOLERO, YESSIREE M
Address	12203 PIONEERS WAY APT. 1422 1422
City-State-Zip:	ORLANDO FL 32832
Title	MGR
Name	MARULLI VASQUEZ, SANTOS JOSE
Address	2622 GIARDINO LOOP
City-State-Zip:	KISSIMMEE FL 34741

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: ANA CAROLINA ALBI VARELA

MGR

02/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date