

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000301979

**Entity Name:** ADA HEALTHY VENDING, LLC

**Current Principal Place of Business:**

227 S ARMENIA AVE  
TAMPA, FL 33609

**FILED**  
**Mar 20, 2024**  
**Secretary of State**  
**3387176826CC**

**Current Mailing Address:**

227 S ARMENIA AVE  
20  
TAMPA, FL 33609 US

**FEI Number: 61-2052734**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            SILVA, DYLAN J PRESIDENT  
Address        227 S ARMENIA AVE  
                  20  
City-State-Zip: TAMPA FL 33609

*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: DYLAN SILVA**

**OWNER**

**03/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date