

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000323363

**Entity Name:** TMR EXCLUSIVE HEALTH LLC

**Current Principal Place of Business:**

3601 NW 75TH TER  
LAUDERHILL, FL 33319

**Current Mailing Address:**

3601 NW 75TH TER  
LAUDERHILL, FL 33319

**FEI Number:** 88-3450669

**Certificate of Status Desired:** No

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

ROBINSON, TRECIA  
3601 NW 75TH TER  
LAUDERHILL, FL 33319 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:** TRECIA ROBINSON

04/29/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHAIRMAN  
Name ROBINSON, TRECIA  
Address 3601 NW 75TH TER  
City-State-Zip: LAUDERHILL FL 33319

Title AUTHORIZED MEMBER  
Name ROBINSON, TOURE'  
Address 3601 NW 75TH TER  
City-State-Zip: LAUDERHILL FL 33319

Title AUTHORIZED MEMBER  
Name ROBINSON, ROHAN SR.  
Address 3601 NW 75TH TER  
City-State-Zip: LAUDERHILL FL 33319

Title AUTHORIZED MEMBER  
Name ROBINSON, ROHAN J JR.  
Address 3601 NW 75TH TER  
City-State-Zip: LAUDERHILL FL 33319

*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:** TRECIA ROBINSON

CHAIRMAN

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date