

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000325648

**Entity Name:** SELECTIVE QUALITY HEALTH ADVISORS LLC

**Current Principal Place of Business:**

9840 ALTIS CIR W,  
APT 6-102  
HIALEAH, FL 33018

**Current Mailing Address:**

9840 ALTIS CIR W,  
APT 6-102  
HIALEAH, FL 33018 US

**FEI Number:** 88-3393334

**Certificate of Status Desired:** No

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

MUNOZ, ALEJANDRO  
9840 ALTIS CIR W,  
UNIT 06-102  
HIALEAH, FL 33018 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            MUNOZ, ALEJANDRO  
Address        9840 ALTIS CIR W, APT 6-102  
City-State-Zip: HIALEAH FL 33018

*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:** ALEJANDRO MUNOZ

AMBR

05/08/2023

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

\_\_\_\_\_  
Date