

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000362065

**Entity Name:** UNITED HEALTH AGENCY, LLC

**Current Principal Place of Business:**

10110 SW 145 PL  
MIAMI, FL 33186

**Current Mailing Address:**

11972 SW 126 LANE  
MIAMI, FL 33186

**FEI Number:** 37-2058192

**Certificate of Status Desired:** No

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

VILLALBA, WILMA  
10110 SW 145 PL  
MIAMI, FL 33186 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           | MGR             | Title           | MGR                |
| Name            | LEON, MANUEL    | Name            | ESPINOSA, VIVIAN M |
| Address         | 10110 SW 145 PL | Address         | 10110 SW 145 PL    |
| City-State-Zip: | MIAMI FL 33186  | City-State-Zip: | MIAMI FL 33186     |
|                 |                 |                 |                    |
| Title           | MGR             |                 |                    |
| Name            | VILLALBA, WILMA |                 |                    |
| Address         | 10110 SW 145 PL |                 |                    |
| City-State-Zip: | MIAMI FL 33186  |                 |                    |

*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:** MANUEL LEON

MGR

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date