

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000427640

**Entity Name:** ELITE ALLIED HEALTH SCHOOL LLC

**Current Principal Place of Business:**

6050 NE 131ST AVE  
WILLISTON, FL 32696

**Current Mailing Address:**

806 NW 16TH AVE  
UNIT 188  
GAINESVILLE, FL 32601 US

**FEI Number:** 92-0595091

**Certificate of Status Desired:** No

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

DAVID, FAITH E  
806 NW 16TH AVE  
UNIT 188  
GAINESVILLE, FL 32601 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 AR  
Name DAVID, FAITH E  
Address 6050 NE 131ST AVE  
City-State-Zip: WILLISTON FL 32696

*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:** FAITH E. DAVID

AR/CEO

03/19/2023

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

\_\_\_\_\_  
Date