## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000489464

Entity Name: LONGSPUR HEALTH LLC

**Current Principal Place of Business:** 

1512 EAST COMMERCIAL SUITE 2 OAKLAND PARK, FL 33334

1512 EAST COMMERCIAL

**Current Mailing Address:** 

1512 EAST COMMERCIAL SUITE 2

OAKLAND PARK, FL 33334 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAIER, GRANT 1512 EAST COMMERCIAL SUITE 2 OAKLAND PARK, FL 33334 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

FILED Feb 10, 2024

**Secretary of State** 

6859300295CC

Authorized Person(s) Detail:

Title MGR Title AR

Name MAIER, GRANT Name STEACKER, DAVID

Address 2120 SW 18TH AVE Address 2120 SW 18TH AVE APT B

City-State-Zip: FORT LAUDERDALE FL 33315 City-State-Zip: FORT LAUDERDALE FL 33315

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: GRANT MAIER MGR 02/10/2024