## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000490475

Entity Name: TRUST HEALTHCARE SOLUTIONS, LLC

**Current Principal Place of Business:** 

10075 SW 163 PL MIAMI, FL 33196

**Current Mailing Address:** 

10075 SW 163 PL MIAMI, FL 33196

FEI Number: 35-2783255 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORENO, GREISY 10075 SW 163 PL MIAMI, FL 33196 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 Apr 27, 2024

**Secretary of State** 

5495582135CC

Authorized Person(s) Detail:

Title AMBR Title AP

 Name
 MORENO, GREISY
 Name
 PINEDA, DORYS M

 Address
 10075 SW 163 PL
 Address
 10075 SW 163 PL

 City-State-Zip:
 MIAMI FL 33196
 City-State-Zip:
 MIAMI FL 33196

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.

**AMBR** 

SIGNATURE: GREISY MORENO

Electronic Signature of Signing Authorized Person(s) Detail

04/27/2024