

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000513207

Entity Name: HEALTH CB CHOICE LLC

Current Principal Place of Business:

840 E 25 ST
MIAMI, FL 33165

Current Mailing Address:

840 E 25 ST
MIAMI, FL 33165

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODRIGUEZ, IRNELDYS
840 E 25 ST
MIAMI, FL 33165 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
Name RODRIGUEZ, IRNELDYS
Address 840 E 25 ST
City-State-Zip: MIAMI FL 33165

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: IRNELDYS RODRIGUEZ

MANAGER

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date