

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L22000513207

**Entity Name:** HEALTH CB CHOICE LLC

**Current Principal Place of Business:**

840 E 25 ST  
HIALEAH, FL 33013

**Current Mailing Address:**

840 E 25 ST  
MIAMI, FL 33013 US

**FEI Number:** 92-1320582

**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	MGRM	Title	MANAGER
Name	PINTON, MARITZA	Name	RODRIGUEZ, IRNELDYS
Address	840 E 25 ST	Address	840 E 25 ST
City-State-Zip:	MIAMI 33165	City-State-Zip:	MIAMI FL 33013

*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:** PINTON , MARITZA

MGRM

07/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date