

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000001256

**Entity Name:** MCGEE'S HEALTH LLC

**Current Principal Place of Business:**

41334 N HWY 19  
1108  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

2735 BIG PINE DR  
HOLIDAY, FL 34691

**FEI Number:** 92-1355403

**Certificate of Status Desired:** No

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

MCGEE, ELIZABETH F  
2735 BIG PINE DR  
HOLIDAY, FL 34691 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	Title	MGR
Name	MCGEE, SHANNON	Name	MCGEE, ELIZABETH
Address	2735 BIG PINE DR	Address	2735 BIG PINE DR
City-State-Zip:	HOLIDAY FL 34691	City-State-Zip:	HOLIDAY FL 34691

*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:** ELIZABETH MCGEE

MGR

04/26/2023

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

\_\_\_\_\_  
Date