

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000164682

Entity Name: AMELIA HEALTH SERVICES LLC

Current Principal Place of Business:

3731 TREVOR CT
TALLAHASSEE, FL 32303

Current Mailing Address:

3731 TREVOR CT
TALLAHASSEE, FL 32303

FEI Number: 93-2077857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASHINGTON, ZADA A
3731 TREVOR CT
TALLAHASSEE, FL 32303 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 AMBR
Name WASHINGTON, DAVID K
Address 365 MT ZION CHURCH RD
City-State-Zip: HAVANA FL 32333

Title AMBR
Name WASHINGTON, ZADA A
Address 3731 TREVOR COURT
City-State-Zip: TALLAHASSEE FL 32303

Title AUTHORIZED MEMBER
Name WASHINGTON, RUBY
Address 3731 TREVOR CT
City-State-Zip: TALLAHASSEE FL 32303

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: ZADA WASHINGTON

AMBR

03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date