

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000241000

**Entity Name:** LONGEVITY HEALTH GROUP LLC

**Current Principal Place of Business:**

884 GARDEN CT  
PLANTATION, FL 33317

**Current Mailing Address:**

884 GARDEN CT  
PLANTATION, FL 33317

**FEI Number:** 93-1451601

**Certificate of Status Desired:** No

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

BERG, JOSHUA  
884 GARDEN CT  
PLANTATION, FL 33317 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	Title	AMBR
Name	BERG, JOSHUA	Name	GOOD, JUSTIN
Address	884 GARDEN CT	Address	1512 E 12TH AVE #126
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	TAMPA FL 33605

*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:** BERG, JOSHUA

**MANAGING MEMBER**

**02/14/2024**

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

\_\_\_\_\_  
Date