

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000377732

Entity Name: ALEF HEALTH SOLUTIONS LLC

Current Principal Place of Business:

900 BROKEN SOUND PKWY
SUITE 175
BOCA RATON, FL 33487

Current Mailing Address:

900 BROKEN SOUND PKWY
SUITE 175
BOCA RATON, FL 33487 US

FEI Number: 93-2927129

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIDMAN, SIMON
900 BROKEN SOUND PKWY
SUITE 175
BOCA RATON, FL 33487 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 LEVIN, ELI
Address 900 BROKEN SOUND PKWY, SUITE
175
City-State-Zip: BOCA RATON FL 33487

Title AMBR
Name KESSLER, HERSCHEL
Address 900 BROKEN SOUND PKWY, SUITE
175
City-State-Zip: BOCA RATON FL 33487

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: ELI LEVIN

AUTHORIZED MEMBER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date