

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000432309

**Entity Name:** AMAZING HANDS CPR TRAINING LLC

**Current Principal Place of Business:**

4945 CLUB RD  
HAVERHILL, FL 33415

**Current Mailing Address:**

4945 CLUB RD  
HAVERHILL, FL 33415

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JOHNSON, CHARLES W  
4945 CLUB RD  
HAVERHILL, FL 33415 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 CFO  
Name JOHNSON, OMECIA L  
Address 4945 CLUB RD  
City-State-Zip: HAVERHILL FL 33415

*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:** OMECIA JOHNSON

CFO

04/27/2024

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

\_\_\_\_\_ Date