

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000506093

**Entity Name:** SARA MOREIRA HEALTH LLC

**Current Principal Place of Business:**

15707 62ND PL N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

15707 62ND PL N  
LOXAHATCHEE, FL 33470 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOREIRA, SARA E  
15707 62ND PL N  
LOXAHATCHEE, FL 33470 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:** MOREIRA, SARA, E

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MOREIRA, SARA E  
Address 15707 62ND PL N  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** MOREIRA,SARA E

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date