## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000439962

Entity Name: VITAL PULSE HEALTH LLC

**Current Principal Place of Business:** 

8150 SW 72ND AVE APT 1626 MIAMI, FL 33143

## **Current Mailing Address:**

8150 SW 72ND AVE **APT 1626** MIAMI, FL 33143 US

FEI Number: 33-1923970 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BRITTAIN, CONNOR 8150 SW 72ND AVE APT 1626 MIAMI, FL 33143 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

**FILED** Mar 12, 2025

**Secretary of State** 

3456449762CC

## Authorized Person(s) Detail:

Title MGR

BRITTAIN, CONNOR Name 8150 SW 72ND AVE Address

1626

SIGNATURE: CONNOR BRITTAIN

City-State-Zip: MIAMI FL 33143

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

03/12/2025