

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000493566

Entity Name: A. HERRERA FAMILY HEALTHCARE LLC

Current Principal Place of Business:

7105 SW 8TH ST
SUITE 401
MIAMI, FL 33144

Current Mailing Address:

7105 SW 8TH ST
SUITE 401
MIAMI, FL 33144

FEI Number: 33-2137273

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERRERA, ANTONIO
7105 SW 8TH ST
SUITE 401
MIAMI, FL 33144 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 HERRERA, ANTONIO
Address 7105 SW 8TH ST, SUITE 401
City-State-Zip: MIAMI FL 33144

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: HERRERA , ANTONIO

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04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date