## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000007431

Entity Name: ACHIEVE MAS, LLC

**Current Principal Place of Business:** 

9000 NW 15TH STREETS, UNITS 6 & 7

DORAL, FL 33172

**Current Mailing Address:** 

5775 BLUE LAGOON DRIVE, SUITE 450 MIAMI, FL 33126 US

FEI Number: 85-2704011 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 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 Feb 28, 2023

**Secretary of State** 

4579021697CC

Authorized Person(s) Detail:

Title SOLE MEMBER

Name MMM OF FLORIDA HEALTHCARE

MANAGEMENT, LLC

Address 9000 NW 15TH STREETS, UNITS 6

& 7

City-State-Zip: DORAL FL 33172

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: MMM OF FLORIDA HEALTHCARE MANAGEMENT, MEMBER

LLC

Electronic Signature of Signing Authorized Person(s) Detail

Date

02/28/2023