

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011791

**Entity Name:** CHIRAL HEALTHCARE LLC

**Current Principal Place of Business:**

502 E MAIN ST  
LAKELAND, FL 33801

**Current Mailing Address:**

3953 GRANDEFIELD CIRCLE  
MULBERRY, FL 33860 US

**FEI Number: 85-3257403**

**Certificate of Status Desired: No**

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

SAMUEL, ERNESTO  
3953 GRANDEFIELD CIRCLE  
MULBERRY, FL 33860 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 MGR  
Name SAMUEL, ERNESTO  
Address 3953 GRANDEFIELD CIRCLE  
City-State-Zip: MULBERRY FL 33860

*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: ERNESTO SAMUEL**

**CEO**

**02/03/2021**

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

\_\_\_\_\_  
Date