

2024 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

02/21/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date