

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000012845

**Entity Name:** WILLETT HEALTHCARE SOLUTIONS LLC

**Current Principal Place of Business:**

915 N FRANKLIN ST  
APT 2405  
TAMPA, FL 33602

**Current Mailing Address:**

915 N FRANKLIN ST  
APT 2405  
TAMPA, FL 33602 US

**FEI Number:** 85-2650854

**Certificate of Status Desired:** No

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

WILLETT, THOMAS  
915 N FRANKLIN ST  
APT 2405  
TAMPA, FL 33602 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           AR  
Name           WILLETT, THOMAS  
Address        915 N FRANKLIN ST  
                  APT 2405  
City-State-Zip: TAMPA FL 33602

*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:** THOMAS WILLETT

AR

01/23/2023

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

\_\_\_\_\_  
Date