

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331465

**Entity Name:** BETTER HEALTH CONSULTING LLC

**Current Principal Place of Business:**

5455 N FEDERAL HIGHWAY  
K  
BOCA RATON, FL 33487

**Current Mailing Address:**

5455 N FEDERAL HIGHWAY  
K  
BOCA RATON, FL 33487 US

**FEI Number:** 87-2377633

**Certificate of Status Desired:** No

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

MAHANA, SAM  
5455 N FEDERAL HIGHWAY  
K  
BOCA RATON, FL 33487 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 GRUPP, KYLE J  
Address 7615 OAK GROVE CIRCLE  
City-State-Zip: LAKE WORTH FL 33467

Title AMBR  
Name SIGNORELLI, NICHOLAS A  
Address 4065 COONTIE COURT  
City-State-Zip: LAKE WORTH FL 33462

Title AMBR  
Name MAHANA, SAM  
Address 22134 MAJESTIC WOODS WAY  
City-State-Zip: BOCA RATON FL 33428

*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:** NICHOLAS SIGNORELLI

AMBR

07/20/2022

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

\_\_\_\_\_  
Date