

**2023 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 5455 N FEDERAL HIGHWAY  
K  
City-State-Zip: BOCA RATON FL 33487

Title AMBR  
Name SIGNORELLI, NICHOLAS A  
Address 5455 N FEDERAL HIGHWAY  
K  
City-State-Zip: BOCA RATON FL 33487

Title AMBR  
Name MAHANA, SAM  
Address 5455 N FEDERAL HIGHWAY  
K  
City-State-Zip: BOCA RATON FL 33487

Title AUTHORIZED MEMBER  
Name TAIT, MARTIN  
Address 5455 N FEDERAL HIGHWAY  
K  
City-State-Zip: BOCA RATON FL 33487

*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:** SAM MAHANA

AMBR

03/14/2023

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

Date