

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000331465

**Entity Name:** BETTER HEALTH CONSULTING LLC

**Current Principal Place of Business:**

1878 DR ANDRES WAY  
UNIT 50  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1878 DR ANDRES WAY  
UNIT 50  
DELRAY BEACH, FL 33445 US

**FEI Number:** 87-2377633

**Certificate of Status Desired:** No

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

GRUPP, KYLE J  
1878 DR ANDRES WAY  
UNIT 50  
DELRAY BEACH, FL 33445 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 1878 DR ANDRES WAY  
UNIT 50  
City-State-Zip: DELRAY BEACH FL 33445

Title AMBR  
Name SIGNORELLI, NICHOLAS A  
Address 1878 DR ANDRES WAY  
UNIT 50  
City-State-Zip: DELRAY BEACH FL 33445

Title AUTHORIZED MEMBER  
Name TAIT, MARTIN  
Address 1878 DR ANDRES WAY  
UNIT 50  
City-State-Zip: DELRAY BEACH FL 33445

*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:** KYLE GRUPP

AMBR

01/08/2024

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

\_\_\_\_\_  
Date