

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000331489

Entity Name: MYW HEALTH CARE LLC

Current Principal Place of Business:

6780 W 2ND CT
APT 416
HIALEAH, FL 33012

Current Mailing Address:

6780 W 2ND CT
APT 416
HIALEAH, FL 33012 US

FEI Number: 87-1964773

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLA, CYNTHIA
6780 W 2ND CT
APT 316
HIALEAH, FL 33012 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 MILLA, CYNTHIA
Address 6780 W 2ND CT APT 416
City-State-Zip: HIALEAH FL 33012

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: CYNTHIA MILLA

AMBR

03/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date