

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000391925

**Entity Name:** HEART OF GOLD SUPERIOR LAB SERVICES LLC

**Current Principal Place of Business:**

801 WEST STATE ROAD 436  
SUITE 2151  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

801 WEST STATE ROAD 436  
SUITE 2151  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 87-2456906

**Certificate of Status Desired:** No

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

HARVEY, CHRISTINA N  
801 WEST STATE ROAD 436  
SUITE 2151  
ALTAMONTE SPRINGS, FL 32714 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	CEO	Title	CEO
Name	HARVEY, CHRISTINA N	Name	HAYNES, CHARLES E SR.
Address	801 WEST STATE ROAD 436 SUITE 2151	Address	801 WEST STATE ROAD 436 SUITE 2151
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

*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:** CHRISTINA NICHOLE HARVEY

**OWNER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date