

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000442067

Entity Name: BLUE BRIDGE HEALTH, LLC

Current Principal Place of Business:

1711 NW 46TH AVE.
APT. #224
LAUDERHILL, FL 33313

Current Mailing Address:

1711 NW 46TH AVE.
APT. #224
LAUDERHILL, FL 33313

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRICHTON, KIRT
604 NE 195TH STREET
MIAMI, FL 33179 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	MGR	Title	MGR
Name	GOODING, NICOLE M	Name	SAIRRAS, GIOVANNI O
Address	1711 NW 46TH AVE., APT. #224	Address	12720 WOOD STREET
City-State-Zip:	LAUDERHILL FL 33313	City-State-Zip:	MIAMI FL 33167

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: NICOLE GOODING

MGR

03/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date