

**2024 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  
Name GOODING, NICOLE M  
Address 1711 NW 46TH AVE., APT. #224  
City-State-Zip: LAUDERHILL FL 33313

*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

**MANAGER**

**04/03/2024**

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

\_\_\_\_\_  
Date