

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000342228

**Entity Name:** SOLA HEALTH SERVICES, L.L.C

**Current Principal Place of Business:**

11859 SW 154 AVE  
MIAMI, FL 33196

**Current Mailing Address:**

11859 SW 154 AVE  
MIAMI, FL 33196

**FEI Number: 20-2463948**

**Certificate of Status Desired: No**

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

STEPHANIE SOLA  
11859 SW 154 AVE  
MIAMI, FL 33196 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            STEPHANIE SOLA  
Address        11859 SW 154 AVE  
City-State-Zip: MIAMI FL 33196

*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: STEPHANIE SOLA**

**09/21/2023**

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

\_\_\_\_\_ Date