#### 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: KATHLEEN GREEN

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L23000534518

### Entity Name: GREEN ROSE HEALTH ASSOCIATES, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

1164 BARING RD WESLEY CHAPEL, FL 33543

# **Current Mailing Address:**

**1651 PALM AVENUE** WINTER PARK, FL 32789 US

## FEI Number: 93-4787370

# Name and Address of Current Registered Agent:

GREEN, KATHLEEN 1651 PALM AVENUE WINTER PARK, FL 32789 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

#### Authorized Person(s) Detail :

Title	CEO.	Title	AP
Name	GREEN, KATHLEEN R	Name	GREEN, CHRISTIAN H
Address	1651 PALM AVENUE	Address	1651 PALM AVENUE
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

CEO

Date

FILED Mar 26, 2024 Secretary of State 1987868055CC

Certificate of Status Desired: No

03/26/2024

Date