

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007877

Entity Name: TEAMS, LLC

Current Principal Place of Business:

345 CLYDE MORRIS BLVD
STE 330
ORMOND BEACH, FL 32174

Current Mailing Address:

790 DUNLAWTON AVE
ATTN LINDA PARKER SUITE A
PORT ORANGE, FL 32127 US

FEI Number: 59-3659618

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAKOWSKI, MICHAEL K MD
345 CLYDE MORRIS BLVD
SUITE 330
ORMOND BEACH, FL 32174 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: MICHAEL K MAKOWSKI M.D.

01/29/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	MAKOWSKI, MICHAEL KMD
Address	345 CLYDE MORRIS BLVD STE 330
City-State-Zip:	ORMOND BEACH FL 32174
Title	MGRM
Name	KENNEDY, MARK E M.D.
Address	345 CLYDE MORRIS BLVD SUITE 330
City-State-Zip:	ORMOND BEACH FL 32174
Title	MGRM
Name	MYER, RORY A DR.
Address	345 CLYDE MORRIS BLVD STE 330
City-State-Zip:	ORMOND BEACH FL 32174

Title	MGRM
Name	SPERTUS, ALAN D M.D.
Address	345 CLYDE MORRIS BLVD SUITE 330
City-State-Zip:	ORMOND BEACH FL 32174
Title	MGRM
Name	ROOT, TIMOTHY D DR.
Address	345 CLYDE MORRIS BLVD STE 330
City-State-Zip:	ORMOND BEACH FL 32174

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: MICHAEL K MAKOWSKI

MGRM

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date