

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002606

Entity Name: DUCK POND ENTERPRISES, LLC**Current Principal Place of Business:**724 NW 43RD STREET
GAINESVILLE, FL 32607**Current Mailing Address:**724 NW 43RD STREET
GAINESVILLE, FL 32607 US**FEI Number:** 59-3053685**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARICHAL, EDUARDO DR.
724 NW 43RD STREET
GAINESVILLE, FL 32607 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:** EDUARDO MARICHAL

01/31/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WERNER, ERIN M.D.
Address 724 NW 43 STREET
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name BRAZZEL, RICHARD M.D.
Address 724 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name MARICHAL, EDUARDO M.D.
Address 724 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name BOTH, TRACEY MD
Address 724 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name CARROCCIO, SHEYNA MD
Address 724 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name CHAMBERLAIN, KELLY MD
Address 724 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name DELKER, JILL MD
Address 724 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name HATFIELD, ANN MD
Address 724 NW 43RD STREET
City-State-Zip: GAINESVILLE FL 32607

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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: EDUARDO MARICHAL, MD

PRESIDENT

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MGRM
Name	MILLION, AMY MD
Address	724 NW 43RD STREET
City-State-Zip:	GAINESVILLE FL 32607