2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2025
Secretary of State
5061362954CC

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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 02/11/2025

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	MARICHAL, EDUARDO M.D.
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	HATFIELD, ANN MD
Address	724 NW 43RD 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	CARROCCIO, SHEYNA 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

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 MGRM 02/11/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date