## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064907

Entity Name: SRA/TAMARAC MEDICAL PLAZA, LLC

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

5345 PINE TREE DRIVE MIAMI BEACH, FL 33140

## **Current Mailing Address:**

C/O SAVITAR INC 5345 PINE TREE DRIVE MIAMI BEACH. FL 33140

FEI Number: 20-3057569 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STEIN, CLIFFORD M 5345 PINE TREE DRIVE MIAMI BEACH, FL 33140 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: CLIFFORD M STEIN 03/21/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title Title

Name STEIN, CLIFFORD Name GOLDEN, JOANNA Address 5345 PINE TREE DRIVE Address 5345 PINE TREE DRIVE City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140

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: CLIFFORD M STEIN

Electronic Signature of Signing Authorized Person(s) Detail

**PRESIDENT** 

03/21/2024

**FILED** Mar 21, 2024

**Secretary of State** 

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