## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068405

Entity Name: ANNE MCNAMARA, D.P.M., P.L.

**Current Principal Place of Business:** 

14290 METROPOLIS AVENUE SUITE #1

FORT MYERS, FL 33912

## **Current Mailing Address:**

14290 METROPOLIS AVENUE SUITE #1 FORT MYERS, FL 33912 US

FEI Number: 03-0598681 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MCNAMARA, ANNE 14290 METROPOLIS AVENUE SUITE #1 FORT MYERS, FL 33912 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

Date

**FILED** Jan 04, 2017

**Secretary of State** 

CC3328109677

## Authorized Person(s) Detail:

Title

MCNAMARA, ANNE Name

14290 METROPOLIS AVENUE Address

SIGNATURE: ANNE MCNAMARA, DPM

SUITE #1

City-State-Zip: FORT MYERS FL 33912

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

01/04/2017

Date