

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112108

Entity Name: 400 EASON MED, LLC

Current Principal Place of Business:

4913 OLD CREEK DRIVE
SARASOTA, FL 34233

Current Mailing Address:

4913 OLD CREEK DRIVE
SARASOTA, FL 34233

FEI Number: 20-5910134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MYERS, TROY HJR.
2033 MAIN STREET
STE. 600
SARASOTA, FL 34237 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

Authorized Person(s) Detail :

Title MGR
Name ACKERMAN, MARK C
Address 4913 OLD CREEK DRIVE
City-State-Zip: SARASOTA FL 34233

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: MARK C ACKERMAN

MGR

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date