

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000112108

**Entity Name:** 400 EASON MED, LLC

**Current Principal Place of Business:**

4129 CASCINA WAY  
SARASOTA, FL 34238-4548

**Current Mailing Address:**

4129 CASCINA WAY  
SARASOTA, FL 34238-4548 US

**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 4129 CASCINA WAY  
City-State-Zip: SARASOTA FL 34238-4548

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 ACKERMAN

MGR

01/12/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date