

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039246

**Entity Name:** ALEX ROJAS M D LLC

**Current Principal Place of Business:**

805-1 EAST OAK STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

805-1 EAST OAK STREET  
KISSIMMEE, FL 34744 US

**FEI Number:** 20-8830182

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROJAS, ALEX  
805-1 EAST OAK ST.  
KISSIMMEE, FL 34744 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	Title	MGR
Name	ROJAS, ALEX	Name	ROJAS, MARIA V
Address	805-1 EAST OAK ST.	Address	805-1 EAST OAK ST
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

*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:** ALEXIS ROJAS

**PRESIDENT**

**03/13/2018**

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

\_\_\_\_\_  
Date