

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000003300

**Entity Name:** AKARSTAEDT LLC

**Current Principal Place of Business:**

9900 STIRLING ROAD  
SUITE # 222  
COOPER CITY, FL 33024

**Current Mailing Address:**

1598 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019 US

**FEI Number:** 30-0485851

**Certificate of Status Desired:** No

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

ETZINE, WILLIAM  
1598 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019 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 MGRM  
Name KARSTAEDT, ALEXIS  
Address 1598 BREAKWATER TERRACE  
City-State-Zip: HOLLYWOOD FL 33019

*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 KARSTAEDT

**MEDICAL DIRECTOR**

**01/21/2024**

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

\_\_\_\_\_  
Date