

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000087653

Entity Name: FLARAD PROPERTIES, LLC

Current Principal Place of Business:

8791 CONFERENCE DR
SUITE 100
FORT MYERS, FL 33919

Current Mailing Address:

8791 CONFERENCE DR
SUITE 100
FORT MYERS, FL 33919 US

FEI Number: 27-0968419

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUGG, JOSEPH ESQ.
JOHNSON POPE
400 N ASHLEY DR, STE 3100
TAMPA, FL 33602 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: JOSEPH RUGG

06/10/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KSAR, JAMAL MD
Address 8791 CONFERENCE DR.
SUITE 100
City-State-Zip: FT. MYERS FL 33919

Title AUTHORIZED MEMBER
Name MAGAS, LOUIS MD
Address 8791 CONFERENCE DR.
SUITE 100
City-State-Zip: FT. MYERS FL 33919

Title AUTHORIZED MEMBER
Name RATHUR, SHARIK MD
Address 8791 CONFERENCE DR.
SUITE 100
City-State-Zip: FT. MYERS FL 33919

Title AUTHORIZED MEMBER
Name CONNER, CHRISTOPHER MD
Address 8791 CONFERENCE DR
SUITE 100
City-State-Zip: FORT MYERS FL 33919

Title AUTHORIZED MEMBER
Name DUFFEK, CORY
Address 8791 CONFERENCE DR
SUITE 100
City-State-Zip: FORT MYERS FL 33919

Title AUTHORIZED MEMBER
Name SONN, JEFFREY
Address 8791 CONFERENCE DR
SUITE 100
City-State-Zip: FORT MYERS FL 33919

Title AUTHORIZED MEMBER
Name JOHNSON, CHRISTOPHER
Address 8791 CONFERENCE DR
SUITE 100
City-State-Zip: FORT MYERS FL 33919

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: JAMAL KSAR

MANAGER

06/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date