

**2024 FLORIDA LIMITED LIABILITY COMPANY 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  
401 E JACKSON ST #3100  
TAMPA, FL 33606 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

01/05/2024

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

*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

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date