

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087653

**Entity Name:** FLARAD PROPERTIES, LLC

**Current Principal Place of Business:**

8791 CONFERENCE DR  
SUITE 1  
FORT MYERS, FL 33919

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**0107865877CC**

**Current Mailing Address:**

8791 CONFERENCE DR  
SUITE 1  
FORT MYERS, FL 33919 US

**FEI Number: 27-0968419**

**Certificate of Status Desired: No**

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

WALKER, GARY  
SUNTRUST FINANCIAL CENTER  
401 E JACKSON ST #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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name PRESBREY, THOMAS GM.D.  
Address 8791 CONFERENCE DR.  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

Title MEMBER  
Name KSAR, JAMAL MD  
Address 8791 CONFERENCE DR.  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

Title AUTHORIZED MEMBER  
Name MAGAS, LOUIS MD  
Address 8791 CONFERENCE DR.  
SUITE 1  
City-State-Zip: FT. MYERS FL 33919

Title AUTHORIZED MEMBER  
Name RATHUR, SHARIK MD  
Address 8791 CONFERENCE DR.  
SUITE 1  
City-State-Zip: FT. 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: THOMAS G PRESBREY**

**MANAGER**

**01/15/2020**

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

\_\_\_\_\_  
Date