# Entity Name: CEDA ORTHOPEDICS & INTERVENTIONAL MEDICINE OF F.I.U/KENDALL, L.L.C.

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

815 NW 57TH AVE SUITE 405 MIAMI, FL 33126

## **Current Mailing Address:**

DOCUMENT# L09000110266

815 NW 57TH AVE SUITE 405 MIAMI, FL 33126 US

## FEI Number: 27-1347291

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

PHYSICIANS CENTRAL BUSINESS OFFICE, LLC 815 NW 57TH AVE SUITE 405 MIAMI, FL 33126 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	ESTHER ESPINOZA	
SIGNATURE.	ESTHER ESPINUZA	

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	MGR
Name	CERECEDA, MARK A
Address	815 NW 57TH AVE SUITE 405
City-State-Zip:	MIAMI FL 33126

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: CERECEDA MARK

MGR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 07, 2024 Secretary of State 7366471853CC

Certificate of Status Desired: No

Date

02/07/2024 Date