

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114250

**FILED**  
**Jan 14, 2020**  
**Secretary of State**  
**6219891761CC**

**Entity Name:** JEFFORDS INVESTMENTS, LLC

**Current Principal Place of Business:**

1011 JEFFORDS STREET  
SUITE C  
CLEARWATER, FL 33756

**Current Mailing Address:**

1011 JEFFORDS STREET  
SUITE C  
CLEARWATER, FL 33756

**FEI Number:** 59-3455535

**Certificate of Status Desired:** No

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

PIAZZA, M.D., MICHAEL R DR.  
1011 JEFFORDS STREET  
SUITE C  
CLEARWATER, FL 33756 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:** MICHAEL R. PIAZZA, M.D.

01/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           PIAZZA, M.D., MICHAEL R. DR.  
Address       1011 JEFFORDS STREET  
                  SUITE C  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           DAVIDSON, D.O., JAMES BYRON DR.  
Address       1011 JEFFORDS STREET  
                  SUITE C  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           MARCOTTE, D.O., ANTHONY L DR.  
Address       1011 JEFFORDS STREET  
                  SUITE C  
City-State-Zip: CLEARWATER FL 33756

Title           MANAGER  
Name           HERREMA, D.O., MITCH R DR.  
Address       1011 JEFFORDS STREET  
                  SUITE C  
City-State-Zip: CLEARWATER FL 33756

*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:** PIAZZA, M.D. , MICHAEL R. , DR.

**MANAGER**

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date