#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000114250

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

#### 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.

			00/01/0001
SIGNATURE	IICHAEL R. PIAZZA, M.D.		02/04/2021
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MANAGER	Title	MANAGER
Name	PIAZZA, M.D., MICHAEL R. DR.	Name	MARCOTTE, D.O., ANTHONY L DR.
Address	1011 JEFFORDS STREET SUITE C	Address	1011 JEFFORDS STREET SUITE C
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756
Title	MANAGER	Title	MANAGER
Name	HERREMA, D.O., MITCH R DR.	Name	HOWELL, RICHARD S. DR.
Address	1011 JEFFORDS STREET SUITE C	Address	1011 JEFFORDS STREET SUITE C SUITE VC
City-State-Zip:	CLEARWATER FL 33756	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

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Feb 04, 2021 Secretary of State 9863231198CC

Certificate of Status Desired: No

Date