

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098006

**Entity Name:** CONSULTANTS IN INFECTIOUS DISEASES, L.L.C.

**Current Principal Place of Business:**

5670 54TH AVENUE NORTH, SUITE A-1  
KENNETH CITY, FL 33709

**Current Mailing Address:**

P.O. BOX 4370  
SEMINOLE, FL 33775

**FEI Number: 01-0566334**

**Certificate of Status Desired: No**

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

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SARAI, ABEY	Name	PARAYATH, KRISHNAN
Address	5670 54TH AVENUE NORTH, SUITE A-1	Address	5670 54TH AVENUE NORTH, SUITE A-1
City-State-Zip:	KENNETH CITY FL 33709	City-State-Zip:	KENNETH CITY FL 33709

*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: ABEY SARAI**

**02/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date