#### 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

### Authorized Person(s) Detail :

Title	MEMBER	Title	MANAGER
Name	EPSILON HEALTH CARE	Name	ROBINSON, CRAIG
Address	PROPERTIES, LLC 850 CONCOURSE PKWY S STE 250	Address	195 MATTIE M KELLY BLVD
Audress		City-State-Zip:	DESTIN FL 32541-2811
City-State-Zip:	MAITLAND FL 32751		

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.

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L11000131306

### Entity Name: 1507 SOUTH TUTTLE AVENUE OPERATIONS LLC

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

1507 SOUTH TUTTLE AVENUE SARASOTA, FL 34239

# **Current Mailing Address:**

1040 CROWN POINTE PKWY STE 600 ATLANTA GA 30338-4741 US

# FEI Number: 37-1654971

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

Certificate of Status Desired: No

Date

SIGNATURE: CRAIG ROBINSON MANAGER

04/28/2022 Date

FILED Apr 28, 2022 Secretary of State 8175988678CC