

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000174531

**Entity Name:** CELLPHONE MD, LLC

**Current Principal Place of Business:**

1059 W BUSCH BLVD  
TAMPA, FL 33612

**Current Mailing Address:**

1059 W BUSCH BLVD  
TAMPA, FL 33612 US

**FEI Number:** 46-4353185

**Certificate of Status Desired:** No

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

GARCIA FABUCCI, LOUIS  
1059 W BUSCH BLVD  
TAMPA, FL 33612 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:** LOUIS GARCIA FABUCCI

05/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MANAGER
Name	GARCIA FABUCCI, LOUIS	Name	PEREZ SUAREZ, SHEILA
Address	1059 W BUSCH BLVD	Address	1059 W BUSCH BLVD
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33612

*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:** LOUIS GARCIA FABUCCI

MGRM

05/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date