# DOCUMENT# L14000027104

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Entity Name: URGENT CARE DEVELOPERS OF NORTHWEST TAMPA LLC

# Current Principal Place of Business:

255 S. ORANGE AVENUE SUITE 720 ORLANDO, FL 32801

## **Current Mailing Address:**

255 S. ORANGE AVENUE SUITE 720 ORLANDO, FL 32801 US

## FEI Number: 46-5566598

### Name and Address of Current Registered Agent:

RAUL SOCARRAS, PA 255 S. ORANGE AVENUE SUITE 720 ORLANDO, FL 32801 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

#### Authorized Person(s) Detail :

TitleMGRNameSOCARRAS, RAULAddress255 S. ORANGE AVENUE<br/>SUITE 720City-State-Zip:ORLANDO FL 32801

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.

MANAGER

SIGNATURE: RAUL SOCARRAS

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 16, 2017 Secretary of State CC1223634520

Certificate of Status Desired: No

Date

02/16/2017 Date