

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000036247

**Entity Name:** MARCIA PELL, CERTIFIED DIABETES EDUCATOR, RDN, LDN, L.L.C.

**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**8813368120CC**

**Current Principal Place of Business:**

2337 JUDSON STREET  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

2337 JUDSON STREET  
LYNN HAVEN, FL 32444 US

**FEI Number: 46-4831835**

**Certificate of Status Desired: No**

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

PELL, MARCIA F  
2337 JUDSON STREET  
LYNN HAVEN, FL 32444 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            AMBR  
Name            PELL, MARCIA F  
Address        2337 JUDSON STREET  
City-State-Zip: LYNN HAVEN FL 32444

*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: MARCIA PELL

AMBR

02/08/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date