#### 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.

OWNER

SIGNATURE: RICHARD CASHIO

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

OWNER 34 AUDUBON LN Address

City-State-Zip: FLAGLER BEACH FL 32136

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000049961

Entity Name: RICHARD CASHIO M.D. PLASTIC SURGERY, P.L.

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

61 MEMORIAL MEDICAL PKWAY **SUITE 2802** PALM COAST, FL 32164

#### **Current Mailing Address:**

61 MEMORIAL MEDICAL PKWY **SUITE 2802** PALM COAST, FL 32164 US

### FEI Number: 46-5203973

## Name and Address of Current Registered Agent:

CASHIO JR, RICHARD MD 34 AUDUBON LN FLAGLER BEACH, FL 32136 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: RICHARD CASHIO JR MD

Electronic Signature of Registered Agent

Title CASHIO, RICHARD JR M.D. Name

FILED Jan 16, 2024 Secretary of State 1396805742CC

Certificate of Status Desired: No

01/16/2024

Date

01/16/2024 Date