## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000053707

Entity Name: MITTA PRIMARY CARE "L.L.C."

**Current Principal Place of Business:** 

2285 SW 80TH STREET OCALA, FL 34476

**Current Mailing Address:** 

2285 SW 80TH STREET OCALA, FL 34476 US

FEI Number: 46-5294388 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUEVARA, ANA I MRS. 2285 SW 80TH STREET OCALA, FL 34476 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

Date

FILED Mar 24, 2015

**Secretary of State** 

CC0061841440

## Authorized Person(s) Detail:

Title MGR

Name GUEVARA, ANA I MRS.
Address 2285 SW 80TH STREET

City-State-Zip: OCALA FL 34476

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: ANA GUEVARA MEMBER 03/24/2015