

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000154030

Entity Name: ARMELLE G. CLEOPHAT , PHD, ARNP-BC, PLLC**Current Principal Place of Business:**21840 SW 1ST ST
DUNNELLON, FL 34431**Current Mailing Address:**21840 SW 1ST ST
DUNNELLON, FL 34431 US**FEI Number:** 47-1989736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSIAS, ARMELLE G
21840 SW 1ST ST
DUNNELLON, FL 34431 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	MGR	Title	AMBR
Name	OSIAS, ARMELLE G DR.	Name	OSIAS, ERNST N
Address	21840 SW 1ST ST	Address	21840 SW 1ST ST
City-State-Zip:	DUNNELLON FL 34431	City-State-Zip:	DUNNELLON FL 34431
Title	AMBR		
Name	CLEOPHAT, JULIANAH G		
Address	21840 SW 1ST ST		
City-State-Zip:	DUNNELLON FL 34431		

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: ARMELLE G OSIAS**OWNER****01/27/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date