

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000035084

Entity Name: A&M PHLEBOTOMY SERVICES LLC

Current Principal Place of Business:

2800 E. COMMERCIAL BLVD
SUITE 212
FORT LAUDERDALE, FL 33308

Current Mailing Address:

2800 E COMMERCIAL BLVD
212
FORT LAUDERDALE, FL 33308 US

FEI Number: 81-1527759

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALONE, ALICIA
2800 E COMMERCIAL BLVD
212
FORT LAUDERDALE, FL 33308 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/AMBR
Name MALONE, ALICIA
Address 2800 E COMMERCIAL BLVD
212
City-State-Zip: FORT LAUDERDALE FL 33308

Title MANAGER, AMBR
Name HIGGS, WILLIAM
Address 8798 NW 35 ST
City-State-Zip: CORAL SPRINGS FL 33065

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: ALICIA MALONE

MANAGER

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date