

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000065032

**Entity Name:** STUART K. HARRELL, OD, LLC

**Current Principal Place of Business:**

1703 N. MARYLAND AVE.  
PLANT CITY, FL 33563

**Current Mailing Address:**

1703 N. MARYLAND AVE.  
PLANT CITY, FL 33563 US

**FEI Number:** 81-2091448

**Certificate of Status Desired:** No

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

HARRELL, STUART K  
1703 N. MARYLAND AVE.  
PLANT CITY, FL 33563 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	HARRELL, STUART K	Name	HARRELL, JACQUI ANN
Address	1703 N. MARYLAND AVE.	Address	1703 N. MARYLAND AVE.
City-State-Zip:	PLANT CITY FL 33563	City-State-Zip:	PLANT CITY FL 33563

*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:** STUART K HARRELL

MGR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date