## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187367

Entity Name: YACHT CLINIC, LLC

**Current Principal Place of Business:** 

312 SW 13TH AVE POMPANO, FL 33069

**Current Mailing Address:** 

312 SW 13TH AVE POMPANO. FL 33069 US

FEI Number: 81-5083620 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALONSO, JOSHUA A 312 SW 13TH AVE POMPANO, FL 33069 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

FILED Apr 30, 2017

**Secretary of State** 

CC6757151196

## Authorized Person(s) Detail:

Title MANAGER

Name ALONSO, JOSHUA A
Address 312 SW 13TH AVE
City-State-Zip: POMPANO FL 33069

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: JOSHUA A ALONSO

**MANAGER** 

04/30/2017