

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000221176

**Entity Name:** MD PRESSON PLLC

**Current Principal Place of Business:**

13724 PIMBERTON DR.  
HUDSON, FL 34669-0807

**Current Mailing Address:**

13724 PIMBERTON DR.  
HUDSON, FL 34669-0807 US

**FEI Number:** 35-2373540

**Certificate of Status Desired:** Yes

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

PRESSON, MICHAEL D  
13724 PIMBERTON DR.  
HUDSON, FL 34669-0807 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	PRESSON, MICHAEL D	Name	PRESSON, MICHAEL D
Address	13724 PIMBERTON DR.	Address	13724 PIMBERTON DR.
City-State-Zip:	HUDSON FL 34669-0807	City-State-Zip:	HUDSON FL 34669-0807

*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:** MICHAEL PRESSON

MAGAGER

01/21/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date