

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000032643

Entity Name: CONDE DERMATOLOGY GROUP, PLLC.

Current Principal Place of Business:

5607 SKYTOP DR.
LITHIA, FL 33547

Current Mailing Address:

5607 SKYTOP DR.
LITHIA, FL 33547 US

FEI Number: 81-5381524

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
4929 SW 74TH CT
#5
MIAMI, FL 33155 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
Name MOSCOSO CONDE, JENNIFER
Address 5607 SKYTOP DR.
City-State-Zip: LITHIA FL 33547

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: MOSCOSO CONDE , JENNIFER

MGR

02/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date