

**2020 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  
2151 S LEJEUNE RD  
SUITE 306  
CORAL GABLES, FL 33134 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: JENNIFER MOSCOSO CONDE**

**MGR**

**06/15/2020**

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

\_\_\_\_\_  
Date