

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000069572

Entity Name: 7425 MONIKA MANOR, LLC**Current Principal Place of Business:**7425 MONIKA MANOR DR
TAMPA, FL 33625**Current Mailing Address:**10002 PRINCESS PALM AVE, STE318
TAMPA, FL 33619 US**FEI Number:** 82-2093382**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIS, CHRISTOPHER
10002 PRINCESS PALM AVE
STE 318
TAMPA, FL 33619 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 MD
Name MIGUEL, RIVERA
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MD
Name POWELL, SCOTT
Address 1139 NIKKI VIEW DR
City-State-Zip: BRANDON FL 33511

Title MD
Name ROGERS, JEREMY
Address 1139 NIKKI VIEW DR
City-State-Zip: BRANDON FL 33511

Title MD
Name AGLIANO, DENNIS
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MD
Name LEE, JANET
Address 7433 MONIKA MANOR DR
City-State-Zip: TAMPA FL 33625

Title MD
Name BOOTHBY, RENE
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MD
Name NOFSINGER, YOON C
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MD
Name AGNELLO, PETER F
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

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: MIGUEL RIVERA

MD

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date