

2024 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, STE 318
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	RIVERA, MIGUEL
Address	10002 PRINCESS PALM AVE, STE 318
City-State-Zip:	TAMPA FL 33619

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

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

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

Title	MD
Name	BOOTHBY, RENE
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

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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**MEMBER****02/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name ANDERSON, SCOTT
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name FISHER, MICHELLE
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name BAINES, PAMELA
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619