

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000235323

**Entity Name:** TRACYSANSONMD, LLC

**Current Principal Place of Business:**

812 LORENA RD  
LUTZ, FL 33548

**Current Mailing Address:**

3959 VAN DYKE RD  
#178  
LUTZ, FL 33558 US

**FEI Number:** 82-3426794

**Certificate of Status Desired:** No

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

SANSON, TRACY  
812 LORENA RD  
LUTZ, FL 33548 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            AMBR  
Name            SANSON, TRACY  
Address        812 LORENA RD  
City-State-Zip: LUTZ FL 33548

*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:** TRACY G. SANSON MD

AMBR

03/04/2024

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

\_\_\_\_\_  
Date