

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000241679

**Entity Name:** GREENFIELD MED SOUTH LLC

**Current Principal Place of Business:**

81 THE COVE WAY  
INDIAN ROCK BEACH, FL 33785

**Current Mailing Address:**

81 THE COVE WAY  
INDIAN ROCK BEACH, FL 33785

**FEI Number: 82-3679508**

**Certificate of Status Desired: No**

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

MARRERO, ALEXIS  
350 ELDRIDGE AVENUE #4  
APT 505  
ORANGE PARK, FL 32073 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	Title	MGR
Name	JARA, FERNANDO	Name	JARA, LORETTA M
Address	81 THE COVE WAY	Address	81 THE COVE WAY
City-State-Zip:	INDIAN ROCK BEACH FL 33785	City-State-Zip:	INDIAN ROCK BEACH FL 33785

*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: FERNANDO JARA**

**MANAGER**

**04/27/2018**

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

\_\_\_\_\_  
Date