

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000006308

Entity Name: REVELATION FAMILY MEDICINE OFFICE LLC

Current Principal Place of Business:

3939 HOLLYWOOD BLVD
SUITE 3B
HOLLYWOOD, FL 33021

Current Mailing Address:

3939 HOLLYWOOD BLVD
SUITE 3B
HOLLYWOOD, FL 33021 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORTE, JEAN-MARCEL
3453 FILLMORE STREET
HOLLYWOOD, FL 33021 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 FORTE, JEAN-MARCEL
Address 3453 FILLMORE STREET
City-State-Zip: HOLLYWOOD FL 33021

Title MEMBER
Name GUILLAUME, CHARLES
Address 2907 BOGOTA AVE
City-State-Zip: COOPER CITY FL 33026

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: JEAN-MARCEL FORTE

MGR

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date