

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000063389

Entity Name: WINDERMERE MEDICAL GROUP LLC

Current Principal Place of Business:

13704 VILLAGE LAKEVIEW AVE
230
WINDERMERE, FL 34786

Current Mailing Address:

13704 VILLAGE LAKEVIEW AVE
230
WINDERMERE, FL 34786 US

FEI Number: 82-4775573

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARVEZ, SALEH M
13704 VILLAGE LAKEVIEW AVE
230
WINDERMERE, FL 34786 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: SALEH M PARVEZ

04/06/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: PARVEZ, SALEH M
Address: 13704 VILLAGE LAKEVIEW AVE
230
City-State-Zip: WINDERMERE FL 34786

Title: AUTHORIZED MEMBER
Name: PARVEZ, SHERIN S
Address: 13704 VILLAGE LAKEVIEW AVE
230
City-State-Zip: WINDERMERE FL 34786

Title: AUTHORIZED REPRESENTATIVE
Name: PARVEZ, SHEEHAN M
Address: 13704 VILLAGE LAKEVIEW AVE
230
City-State-Zip: WINDERMERE FL 34786

Title: MARKETING AND IT SPECIALIST
Name: PARVEZ, SHANE M
Address: 13704 VILLAGE LAKEVIEW AVE
230
City-State-Zip: WINDERMERE FL 34786

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: SALEH PARVEZ

MANAGER

04/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date