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	: LISA BIRKET			01/23/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	PARKER, DANE V	Name	RAY, DOROTHY J	
Address	4935 SOUTHFORK DRIVE	Address	4935 SOUTHFORK DRIVE	
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813	
Title	MGR	Title	MGR	
Name	PARKER, ADAM C	Name	BIRKET, LISA	
Address	4935 SOUTHFORK DRIVE	Address	4935 SOUTHFORK DRIVE	
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813	

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.

PARTNER

SIGNATURE: LISA BIRKET

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000086514

Entity Name: 4935 SOUTHFORK, LLC

Current Principal Place of Business:

4935 SOUTHFORK DRIVE LAKELAND, FL 33813

Current Mailing Address:

4935 SOUTHFORK DRIVE LAKELAND, FL 33813

FEI Number: 82-5129300

Name and Address of Current Registered Agent:

TRUE MD LLC 4935 SOUTHFORK DRIVE LAKELAND, FL 33813-2000 US

FILED Jan 23, 2023 Secretary of State 6644397921CC

Certificate of Status Desired: No

01/23/2023