The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of F			
SIGNATURE	E LISA BIRKET		
	Electronic Signature of Registered Agent		
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
nue	MGR	The	MGR
Name	PARKER, ADAM C	Name	BIRKET, LISA

Address

4935 SOUTHFORK DRIVE LAKELAND. FL 33813

Current Mailing Address:

DOCUMENT# L18000086514

4935 SOUTHFORK DRIVE LAKELAND, FL 33813

Entity Name: 4935 SOUTHFORK, LLC

Current Principal Place of Business:

FEI Number: 82-5129300

Name and Address of Current Registered Agent:

4935 SOUTHFORK DRIVE

City-State-Zip: LAKELAND FL 33813

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

Address

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: LISA BIRKET

PARTNER

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 09, 2020

Certificate of Status Desired: Yes

Secretary of State 5988490616CC

06/09/2020 Date

4935 SOUTHFORK DRIVE

City-State-Zip: LAKELAND FL 33813

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT