

**2024 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

**Certificate of Status Desired:** Yes

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

TRUE MD LLC  
4935 SOUTHFORK DRIVE  
LAKELAND, FL 33813-2000 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:** LISA BIRKET

02/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PARKER, DANE V  
Address 4935 SOUTHFORK DRIVE  
City-State-Zip: LAKELAND FL 33813

Title MGR  
Name RAY, DOROTHY J  
Address 4935 SOUTHFORK DRIVE  
City-State-Zip: LAKELAND FL 33813

Title MGR  
Name PARKER, ADAM C  
Address 4935 SOUTHFORK DRIVE  
City-State-Zip: LAKELAND FL 33813

Title MGR  
Name BIRKET, LISA  
Address 4935 SOUTHFORK DRIVE  
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.*

**SIGNATURE:** LISA BIRKET

MGR

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date