

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000110242

Entity Name: SUNSHINE STATE PODIATRY LLC

Current Principal Place of Business:

24830 BURNT PINE DRIVE
SUITE 3
BONITA SPRINGS, FL 34134

Current Mailing Address:

24830 BURNT PINE DRIVE
STE 3
BONITA SPRINGS, FL 34134 US

FEI Number: 82-5468603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIELDS, STEPHANIE A DR.
688 HADLEY STREET E
NAPLES, FL 34103 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	Title	MGR
Name	AGARUNOV, KONSTANTIN DR.	Name	FIELDS, STEPHANIE A DR.
Address	24830 BURNT PINE DRIVE SUITE 3	Address	24830 BURNT PINE DRIVE SUITE 3
City-State-Zip:	BONITA SPRINGS FL 34134	City-State-Zip:	BONITA SPRINGS FL 34134

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: STEPHANIE A FIELDS

OWNER

03/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date