

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000225639

**Entity Name:** FLORIDA FAMILY LEGAL CLINIC LLC

**Current Principal Place of Business:**

4330 W BROWARD BLVD  
SUITE F  
PLANTATION, FL 33317

**Current Mailing Address:**

4330 W BROWARD BLVD  
SUITE F  
PLANTATION, FL 33317 US

**FEI Number:** 83-2023773

**Certificate of Status Desired:** No

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

PETRAS, ROBBIN L  
4330 W BROWARD BLVD  
SUITE F  
PLANTATION, FL 33317 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 MGRM  
Name PETRAS, ROBBIN L  
Address 4330 W BROWARD BLVD  
SUITE F  
City-State-Zip: PLANTATION FL 33317

*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:** ROBBIN L PETRAS

MANAGING  
MEMBER/OWNER

04/10/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date