

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000225639

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

**Current Principal Place of Business:**

200 S.E. 6TH STREET  
SUITE 100  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

200 S.E. 6TH STREET  
SUITE 100  
FORT LAUDERDALE, FL 33301

**FEI Number:** 83-2023773

**Certificate of Status Desired:** No

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

PETRAS, ROBBIN L  
200 S.E. 6TH STREET  
SUITE 100  
FORT LAUDERDALE, FL 33301 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 200 S.E. 6TH STREET, SUITE 100  
City-State-Zip: FORT LAUDERDALE FL 33301

*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

MGRM

02/04/2021

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

\_\_\_\_\_  
Date