## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000247824

Entity Name: SURGEONS OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:** 

755 JAYBEE AVE DAVENPORT, FL 33897

**Current Mailing Address:** 

755 JAYBEE AVE

DAVENPORT, FL 33897 US

FEI Number: 83-3388935 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, RUSS 755 JAYBEE AVE DAVENPORT, FL 33897 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

**FILED** Apr 29, 2019

**Secretary of State** 

6038840263CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name BROWN, RUSS Address 755 JAYBEE AVE

City-State-Zip: DAVENPORT FL 33897

SIGNATURE: RUSSELL BROWN

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.

**OWNER** 

Electronic Signature of Signing Authorized Person(s) Detail

04/29/2019 Date