

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000186683

Entity Name: RESEARCH ASSOCIATES OF FLORIDA, LLC**Current Principal Place of Business:**5401 SOUTH CONGRESS AVE
SUITE 211
ATLANTIS, FL 33462**Current Mailing Address:**5401 SOUTH CONGRESS AVE
SUITE 211
ATLANTIS, FL 33462**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEINBERG, SETH MD
5401 SOUTH CONGRESS AVE
SUITE 211
ATLANTIS, FL 33462 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
Name STEINBERG, SETH MD
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462Title MGR
Name SIMON, TODD DO
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462Title MGR
Name MEDRANO, MILES MD
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462Title MGR
Name SHERMAN MD, FREDERICK
Address 5401 SOUTH CONGRESS AVE
SUITE 211
City-State-Zip: ATLANTIS FL 33462Title MGR
Name ROSENFELD, THOMAS MD
Address 5401 S. CONGRESS , SUITE 211
City-State-Zip: ATLANTIS FL 33462Title MGR
Name HURWITZ, LYLE MD
Address 5401 S. CONGRESS, SUITE 211
City-State-Zip: ATLANTIS FL 33462Title MGR
Name SILVERSTEIN, TARYN DO
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462Title AUTHORIZED REPRESENTATIVE
Name HAYMOND, SUZAN
Address 5401 SOUTH CONGRESS AVE
SUITE 211
City-State-Zip: ATLANTIS FL 33462

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: SUZAN HAYMOND**CHIEF ADMINISTRATIVE OFFICER 06/30/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date