

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000236315

**Entity Name:** SANDRA MCMAHON PHLEBOTOMY SERVICES, LLC

**Current Principal Place of Business:**

2251 NW 41ST AVENUE  
STE 11  
FT LAUDERDALE, FL 33313

**Current Mailing Address:**

2251 NW 41ST AVENUE  
STE 11  
FT LAUDERDALE, FL 33313

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HENDERSON, CAREN  
950 MARINA DEL RAY LANE, UNIT 5  
UNIT 5  
WEST PALM BEACH, FL 33401 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 MCMAHON, SANDRA  
Address 2251 NW 41ST AVENUE, STE 111  
City-State-Zip: FT LAUDERDALE FL 33313

*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:** SANDRA MCMAHON

**OWNER**

**04/30/2021**

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

\_\_\_\_\_  
Date