

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000238924

**Entity Name:** DOCTOR SOLUTIONS TEAM LLC

**Current Principal Place of Business:**

4704 WALDEN CIR  
1912  
ORLANDO, FL 32811

**Current Mailing Address:**

4704 WALDEN CIR  
1912  
ORLANDO, FL 32811 US

**FEI Number:** 30-1211386

**Certificate of Status Desired:** No

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

VILLEGAS, ZASQUIA  
1650 SAND LAKE RD  
235  
ORLANDO, FL 32809 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:** ZASQUIA VILLEGAS

03/04/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FERNANDES DE MOURA, JEFFERSON  
  
Address 106 RED ROSE CIR  
City-State-Zip: ORLANDO FL 32835

*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:** FERNANDES DE MOURA , JEFFERSON

AMBR

03/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date