

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000060868

Entity Name: FL IAFL LLC

Current Principal Place of Business:

3956 W TOWN CENTER BLVD 613
ORLANDO, FL 32837

Current Mailing Address:

3956 W TOWN CENTER BLVD 613
ORLANDO, FL 32837

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPORTS MEDICAL CITY, LLC
3956 W TOWN CENTER BLVD 613
ORLANDO, FL 32837 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	Title	MGR
Name	PONTE, TABITHA	Name	SPORTS MEDICAL CITY, LLC
Address	3956 W TOWN CENTER BLVD 609	Address	3956 W TOWN CENTER BLVD 613
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837

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: TABITHA PONTE

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date