

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000123473

Entity Name: SECURE PATIENT DELIVERY OF FLORIDA LLC.

Current Principal Place of Business:

1616 NORTH FLORIDA MANGO RD
WEST PALM BEACH, FL 33409

Current Mailing Address:

4650 WEST ESPLANADE AVE
SUITE 200
METAIRIE, LA 70006 US

FEI Number: 85-0930591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAHAN, ROTEM
1616 NORTH FLORIDA MANGO RD
WEST PALM BEACH, FL 33409 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 OWNER
Name DAHAN, ROTEM
Address 1616 NORTH FLORIDA MANGO RD
City-State-Zip: WEST PALM BEACH FL 33409

Title MANAGER
Name LASALLE, JOLANCA
Address 1616 NORTH FLORIDA MANGO RD
City-State-Zip: WEST PALM BEACH FL 33409

Title VP OF OPERATIONS
Name MAJORIE, LACEY
Address 1616 NORTH FLORIDA MANGO RD
City-State-Zip: WEST PALM BEACH FL 33409

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: ROTEM DAHAN

OWNER

10/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date