

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000235585

Entity Name: 4477 MEDICAL CENTER WAY, LLC

Current Principal Place of Business:

1950 W HILLSBORO BLVD
STE 201
DEERFIELD BEACH, FL 33442

Current Mailing Address:

P.O. BOX 4189
DEERFIELD BEACH, FL 33442 US

FEI Number: 85-2576899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIKARA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
1950 W HILLSBORO BLVD
STE 201
DEERFIELD BEACH, FL 33442 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 MGRM
Name SHIKARA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Address 1950 W HILLSBORO BLVD STE 201
City-State-Zip: DEERFIELD BEACH FL 33442

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: MS _____

P

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date