

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000261456

**Entity Name:** CV PINES MEDICAL, LLC

**Current Principal Place of Business:**

1601 FORUM PLACE, STE. 500  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1601 FORUM PLACE, STE. 500  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 85-2969865

**Certificate of Status Desired:** No

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

LEVY, MARK F  
1601 FORUM PLACE, STE. 500  
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 / MBR  
Name JOJO CORP.  
Address 1601 FORUM PLACE, STE. 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR / MBR  
Name N & S CORP  
Address 1601 FORUM PLACE, STE. 500  
City-State-Zip: WEST PALM BEACH FL 33401

Title MANAGER  
Name CENVILL RECREATION, INC.  
Address 1601 FORUM PLACE, STE. 500  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MARK F. LEVY

**MEMBER**

**04/26/2024**

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

\_\_\_\_\_  
Date