

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

MANAGER

07/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date