## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000261863

Entity Name: LMG HEALTHCARE L.L.C

**Current Principal Place of Business:** 

4541 SW 34TH DRIVE

FORT LAUDERDALE. FL 33312

**Current Mailing Address:** 

4541 SW 34TH DRIVE

FORT LAUDERDALE, FL 33312 US

FEI Number: 85-2816701 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GODWIIN, LAUREN 4541 SW 34TH DRIVE FORT LAUDERDALE, FL 33312 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

**FILED** Feb 28, 2024

**Secretary of State** 

8525255498CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name GODWIN, LAUREN 540 NE 14TH CT Address

APT 103

SIGNATURE: LAUREN GODWIN

City-State-Zip: FORT LAUDERDALE FL 33304

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.

Electronic Signature of Signing Authorized Person(s) Detail

**AMBR** 

02/28/2024 Date