

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000329029

Entity Name: BROWNLEE CLINIC LLC

Current Principal Place of Business:

1030 NW 201 ST
MIAMI GARDENS, FL 33169

Current Mailing Address:

131 SW 70TH AVENUE
PEMBROKE PINES, FL 33023

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCDOWELL BUSINESS RESOURCES
20140 NW 59TH CT
HIALEAH, FL 33015 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
Name BROWNLEE, CARLINE
Address 131 SW 70TH AVE
City-State-Zip: PEMBROKE PINES FL 33023

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: CARLINE BROWNLEE

MGR

07/30/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date