

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000361799

Entity Name: DR. NORSHAE ROBINSON, LLC

Current Principal Place of Business:

4123 UNIVERSITY BLVD SOUTH
SUITE F
JACKSONVILLE, FL 32216

Current Mailing Address:

4123 UNIVERSITY BLVD SOUTH
SUITE F
JACKSONVILLE, FL 32216 US

FEI Number: 85-4118653

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ROBINSON, NORSHAE
Address 4123 UNIVERSITY BLVD SOUTH
SUITE F
City-State-Zip: JACKSONVILLE FL 32216

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: NORSHAE ROBINSON

OWNER

04/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date