

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000154806

Entity Name: DR. M BAILEY SUAREZ DC, PLLC

Current Principal Place of Business:

445 STATE ROAD 13 N
STE 9
FRUIT COVE, FL 32259

Current Mailing Address:

445 STATE ROAD 13 N
STE 9
FRUIT COVE, FL 32259 US

FEI Number: 86-3354985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUAREZ, MICHAELE B DR.
445 STATE ROAD 13 N
STE 9
FRUIT COVE, FL 32259 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: DR. MICHAELE B SUAREZ

04/03/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SUAREZ, MICHAELE B DR.
Address 445 STATE ROAD 13 N
STE 9
City-State-Zip: FRUIT COVE FL 32259

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: DR. MICHAELE B SUAREZ

OWNER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date