

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000198964

Entity Name: DEL VALLE MEDICAL LLC

Current Principal Place of Business:

55 JOHN ANDERSON DR
ORMOND BEACH, FL 32176

Current Mailing Address:

55 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 US

FEI Number: 87-0840797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHACKLETTE DEL VALLE, BRANDON M
55 JOHN ANDERSON DR
ORMOND BEACH, FL 32176 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 SHACKLETTE DEL VALLE, BRANDON
M
Address 55 JOHN ANDERSON DR
City-State-Zip: ORMOND BEACH FL 32176

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: BRANDON SHACKLETTE DEL VALLE

MGR

03/11/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date