

**2022 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

**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**

**04/09/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date