

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000352127

**Entity Name:** HCA DAVENPORT LLC

**Current Principal Place of Business:**

181 CARIBBEAN DRIVE  
DAVENPORT, FL 33897

**Current Mailing Address:**

181 CARIBBEAN DRIVE  
DAVENPORT, FL 33897 US

**FEI Number:** 87-2027202

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EMILCA, CHARMAINE  
225 N. 14TH STREET  
HAINES CITY, FL 33844 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            AMBR  
Name            EMILCA, CHARMAINE  
Address        2605 PALM AVE  
City-State-Zip: HAINES CITY FL 33844

*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:** CHARMAINE D EMILCA

AMBR

03/11/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date