

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000450808

Entity Name: SUZANNE TAN MAYE NURSE PRACTITIONER LLC

Current Principal Place of Business:

3700 WINDMEADOWS BLVD.,
APT E60
GAINESVILLE, FL 32608

Current Mailing Address:

3700 WINDMEADOWS BLVD.,
APT E60
GAINESVILLE, FL 32608 US

FEI Number: 87-3281180

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYE, SUZANNE
3700 WINDMEADOWS BLVD.
APT. E60
GAINESVILLE, FL 32608 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 MAYE, SUZANNE
Address 3700 WINDMEADOWS BLVD., APT E60
City-State-Zip: GAINESVILLE FL 32608

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: SUZANNE MAYE

MGR

01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date