

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000480469

**Entity Name:** DR. NICOLE YEHUDAI, LLC

**Current Principal Place of Business:**

5655 N PARK RD  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

5655 N PARK RD  
FT LAUDERDALE, FL 33312

**FEI Number: 87-3480276**

**Certificate of Status Desired: No**

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

YEHUDAI, NICOLE  
5655 N PARK RD  
FT LAUDERDALE, FL 33312 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 YEHUDAI, NICOLE  
Address 5655 N PARK RD  
City-State-Zip: FT LAUDERDALE FL 33312

*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: NICOLE YEHUDAI**

**MGR**

**02/01/2023**

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

\_\_\_\_\_  
Date