

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000050785

**Entity Name:** SUPERIOR HEALTHCARE DESIGN LLC

**Current Principal Place of Business:**

23105 SW 122ND AVE  
GOULDS, FL 33170

**Current Mailing Address:**

23105 SW 122ND AVE  
GOULDS, FL 33170 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SIDDIQUI, FATIMA MS  
23105 SW 122ND AVE  
GOULDS, FL 33170 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 MANAGER  
Name SIDDIQUI , FATIMA ARADA  
Address 23105 SW 122ND AVE  
City-State-Zip: MIAMI FL 33170

*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:** FATIMA ARADA SIDDIQUI

MANAGER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date