

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000082151

**Entity Name:** LA MOBILE PHLEBOTOMY LLC

**Current Principal Place of Business:**

16220 NW 40 CT  
MIAMI GARDENS, FL 33054

**Current Mailing Address:**

16220 NW 40 CT  
MIAMI GARDENS, FL 33054

**FEI Number:** 88-0969684

**Certificate of Status Desired:** No

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

ACEVEDO, LIUDY  
16220 NW 40 CT  
MIAMI GARDENS, FL 33054 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 ACEVEDO, LIUDY  
Address 16220 NW 40 CT  
City-State-Zip: MIAMI GARDENS FL 33054

*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:** LIUDY ACEVEDO

**PRESIDENT**

**02/24/2024**

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

\_\_\_\_\_  
Date