# Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	LABORDE, FREDERICK N	Name	CADET-LABORDE, FABIENNE T
Address	14240 JOCKEY CIR S	Address	14240 JOCKEY CIR S
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

# **Current Mailing Address:**

14240 JOCKEY CIR S DAVIE, FL 33330 UN

## FEI Number: 92-0625972

### Name and Address of Current Registered Agent:

LABORDE, FREDERICK N 14240 JOCKEY CIR S DAVIE, FL 33330 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:

#### () **b** ( ) ... .

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.

MGR

SIGNATURE: FREDERICK LABORDE

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date

03/05/2024

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L22000431933

Entity Name: 121 MEDICAL CENTER LLC

# **Current Principal Place of Business:**

3333 W COMMERCIAL BLVD. STE 110 OAKLAND PARK, FL 33309