

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000126484

**Entity Name:** JULIAN BRAVO M.D. PLLC

**Current Principal Place of Business:**

331 ANTHONY CIRCLE  
CHARLOTTE, NC 28211

**Current Mailing Address:**

331 ANTHONY CIRCLE  
CHARLOTTE, NC 28211 US

**FEI Number:** 81-2774579

**Certificate of Status Desired:** Yes

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

BRAVO, JULIAN  
5036 WATERSONG WAY  
FORT PIERCE, FL 34949 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 P  
Name BRAVO, JULIAN  
Address 331 ANTHONY CIRCLE  
City-State-Zip: CHARLOTTE NC 28211

*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:** JULIAN BRAVO

**MANAGING MEMBER**

**02/07/2024**

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

\_\_\_\_\_  
Date