

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000345748

Entity Name: IDL PHLEBOTOMY SERVICE LLC

Current Principal Place of Business:

832 PLATEAU AVE
LAKELAND, FL 33815

Current Mailing Address:

832 PLATEAU AVE
LAKELAND, FL 33815

FEI Number: 93-2375155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOY QUESADA, IDEL
832 PLATEAU AVE
LAKELAND, FL 33815 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 AMBR
Name NOY QUESADA, IDEL
Address 832 PLATEAU AVE
City-State-Zip: LAKELAND FL 33815

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: IDEL NOY QUESADA

AMBR

03/28/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date