## 2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009000

Entity Name: PATIENT COMP. LLC

**Current Principal Place of Business:** 

4190 MILLENIA BLVD. ORLANDO. FL 32839

**Current Mailing Address:** 

4190 MILLENIA BLVD. ORLANDO, FL 32839

FEI Number: 83-1558230 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUTCHENS, MARLIN 4190 MILLENIA BLVD. ORLANDO, FL 32839 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

FILED Apr 17, 2019

**Secretary of State** 

0216794734CC

## Authorized Person(s) Detail:

Title F

Name HUTCHENS, MARLIN
Address 4190 MILLENIA BLVD.
City-State-Zip: ORLANDO FL 32839

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: MARLIN HUTCHENS

**PRESIDENT** 

04/17/2019