

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000001890

Entity Name: 3L MEDICAL MANAGEMENT, LLC**Current Principal Place of Business:**850 CENTRAL PKWY E STE 350
PLANO, TX 75074**Current Mailing Address:**850 CENTRAL PKWY E STE 50
PLANO, TX 75074**FEI Number:** 84-3665168**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAKSHMAN, VENK M.D.
5493 WILES RD STE 106
COCONUT CREEK, FL 33073 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	LAKSHMAN, VENK MD
Address	5493 WILES RD
City-State-Zip:	COCONUT CREEK FL 33073

Title	MGR
Name	LAKSHMAN, RACHANA
Address	5493 WILES RD
City-State-Zip:	COCONUT CREEK FL 33073

Title	COO
Name	ROCKWELL, JEANNIE
Address	850 CENTRAL PKWY E, SUITE 275
City-State-Zip:	PLANO TX 75074

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: JEANNIE ROCKWELL

COO

02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date