

L04000030770

1 of 2

STATEMENT OF FACT  
FOR  
DOCUMENT RECORDED WITH  
FLORIDA DEPARTMENT OF STATE

600846614256

**SECTION A - Business Entity Information**

Name of Business Entity: Medical Englewood Development, LLC

Florida Department of State Document/Registration Number: L04000030770

**SECTION B - Name and Address of Individual Submitting Form**

Name: Massimo Rastrelli

Address: 811 Paradise Way, Sarasota, FL 34242

**SECTION C - Identify Department of State Document Filed**

Title of the Document Filed: 2020 Florida Limited Liability Company Annual Report (copy attached)

Date of Filing: March 23, 2020

**Section D - Reason(s) for Submission**

Document was filed without my authorization, knowledge or consent.

Document contains false, misleading or fraudulent information.

  
\_\_\_\_\_  
Massimo Rastrelli

STATE OF FLORIDA

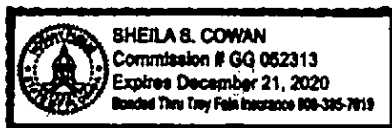
COUNTY OF Sarasota

Acknowledged before me this 18<sup>th</sup> day of June, 2020, by

Massimo Rastrelli

  
\_\_\_\_\_  
Signature of Notary Public

(Seal)



Signature of Notary Public

\_\_\_\_\_  
Print, Type/Stamp Name of Notary

Personally known:  OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

Division of Corporations  
Tallahassee, Florida

2020 JUN 18 PM 1:38

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**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000030770

Entity Name: MEDICAL ENGLEWOOD DEVELOPMENT, LLC

Current Principal Place of Business:

7813 MITCHELL BLVD.  
SUITE 108  
NEW PORT RICHEY, FL 34655

Current Mailing Address:

7813 MITCHELL BLVD.  
SUITE 108  
NEW PORT RICHEY, FL 34655 US

FEI Number: 20-1044780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, JOHN L  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34238 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 MGRM  
Name RASTRELLI, MASSIMO  
Address 811 PARADISE WAY  
City-State-Zip: SARASOTA FL 34242

Title PRESIDENT  
Name PENCE, DEBRA  
Address 7813 MITCHELL BLVD.  
SUITE 106  
City-State-Zip: NEW PORT RICHEY FL 34655

*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 I/Os empowered.*

SIGNATURE: DEBRA S PENCE

PRESIDENT

03/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date