

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 26, 2018
Secretary of State
CC1646336530

Entity Name: NO CALL STRATEGIES, LLC

Current Principal Place of Business:

4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607

Current Mailing Address:

4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607

FEI Number: 56-2359688

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, GALEN BMD
4150 NORTH ARMENIA AVENUE, STE. 200
TAMPA, FL 33607 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 MMPS
Name VON THRON, JAMES CMD
Address 4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip: TAMPA FL 33607

Title MMV
Name JONES, GALEN BMD
Address 4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip: TAMPA FL 33607

Title MMV
Name WILKERSON, W. GREGORY MD
Address 4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip: TAMPA FL 33607

Title MMT
Name NEWTON, WILLIAM AMD
Address 4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip: TAMPA FL 33607

Title MMV
Name GREENBERG, STEVEN MD
Address 4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER
Name IRANI, JENNIFER DR.
Address 4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER
Name GOODEN, NATASHA DR.
Address 4150 NORTH ARMENIA AVENUE, STE. 200
City-State-Zip: TAMPA FL 33607

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: GALEN B JONES, MD

MMV

02/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date