

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000045972

**Entity Name:** DELAND MEDICAL OFFICE BUILDING, LLC

**Current Principal Place of Business:**

1025 N. STONE STREET  
SUITE B  
DELAND, FL 32720

**Current Mailing Address:**

1025 N. STONE STREET  
SUITE B  
DELAND, FL 32720 US

**FEI Number:** 20-2885377

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RANDOLPH, ANDREW J  
1025 N. STONE STREET  
SUITE B  
DELAND, FL 32724 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 P  
Name RANDOLPH, ANDREW J  
Address 1025 N. STONE STREET, SUITE B  
City-State-Zip: DELAND FL 32720

Title VP  
Name RANDOLPH, ANA ROSA  
Address 1025 N STONE STREET, SUITE B  
City-State-Zip: DELAND FL 32720

Title S  
Name RANDOLPH, ANDREW J  
Address 1025 N STONE STREET, SUITE B  
City-State-Zip: DELAND FL 32720

*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:** ANDREW J RANDOLPH

**PRESIDENT**

**03/11/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date