## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120512

Entity Name: STEPHEN A. SWITLYK, M.D., PLLC

# **Current Principal Place of Business:**

**1921 WALDEMERE STREET** SUITE 509 SARASOTA, FL 34239

### **Current Mailing Address:**

**1921 WALDEMERE STREET SUITE 509** SARASOTA, FL 34239 US

#### FEI Number: 20-3981924

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

SWITLYK, STEPHEN ANTHONY DR. 1921 WALDEMERE STREET SUITE 509 SARASOTA, FL 34239 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:	STEPHEN ANTHONY SWITLYK

Electronic Signature of Registered Agent

#### Authorized Pe

Title MGRM SWITLYK, STEPHEN ANTHONY DR. Name **1921 WALDEMERE STREET** Address SUITE 509 City-State-Zip: SARASOTA FL 34239

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: STEPHEN ANTHONY SWITLYK

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 23, 2022 Secretary of State 3284348365CC

Certificate of Status Desired: No

Date

Electronic Signature of Registered Agent	
erson(s) Detail :	

OWNER

01/23/2022

01/23/2022

Date