

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069132

Entity Name: FPR, LLC

Current Principal Place of Business:

10880 METRO PKWY., SUITE I
FT. MYERS, FL 33966

Current Mailing Address:

10880 METRO PKWY., SUITE I
FT. MYERS, FL 33966

FEI Number: 20-5213435

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHEAST HOSPICE EQUIPMENT COMPANY, INC.
10880 METRO PKWY., SUITE I
FT. MYERS, FL 33912 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	Title	MANAGER
Name	MORGAN, FRED	Name	MCDANIEL, ROBIN NM
Address	10880 METRO PKWY., SUITE I	Address	2215 15TH ST
City-State-Zip:	FT. MYERS FL 33912	City-State-Zip:	TUSCALOOSA AL 35401

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: ROBIN MCDANIEL

MANAGER

02/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date