

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000019449

**FILED**  
**May 01, 2021**  
**Secretary of State**  
**3070909875CC**

**Entity Name:** 441 REAL ESTATE LLC

**Current Principal Place of Business:**

3347 STATE ROAD 7  
SUITE 203  
WELLINGTON, FL 33449

**Current Mailing Address:**

3345 BURNS ROAD  
SUITE 206  
PALM BEACH GARDENS , FL 33410 US

**FEI Number:** 20-8488860

**Certificate of Status Desired:** No

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

FOUCAULD, JEAN MD  
3347 STATE ROAD 7  
SUITE 203  
WELLINGTON, FL 33449 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:** JEAN FOUCAULD MD

05/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FOUCAULD, JEAN M.D.  
Address 3347 STATE ROAD 7,  
SUITE 203  
City-State-Zip: WELLINGTON FL 33467

Title MGRM  
Name VENUGOPAL, CHANDRA M.D.  
Address 3347 STATE ROAD 7,  
SUITE 203  
City-State-Zip: WELLINGTON FL 33467

Title MGRM  
Name VEDERE, AMARNATH M.D.  
Address 3347 STATE ROAD 7,  
SUITE 203  
City-State-Zip: WELLINGTON FL 33467

Title MGR  
Name SHAH, NEERAV MD  
Address 3347 STATE ROAD 7  
SUITE 203  
City-State-Zip: WELLINGTON FL 33449

Title MGR  
Name BALDARI, DUCCIO MD  
Address 3347 STATE ROAD 7  
SUITE 203  
City-State-Zip: WELLINGTON FL 33449

*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:** FOUCAULD JEAN

MGRM

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date