

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028490

**Entity Name:** ROBERT J. BENKENDORF, M.D., L.L.C.

**Current Principal Place of Business:**

26 NORTH PARK CIRCLE  
PALM COAST, FL 32137

**Current Mailing Address:**

26 NORTH PARK CIRCLE  
PALM COAST, FL 32137 US

**FEI Number:** 26-4556006

**Certificate of Status Desired:** No

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

BOYD, JOEL FESQUIRE  
360 N. BABCOCK STREET, SUITE 104  
MELBOURNE, FL 32935 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  
Name BENKENDORF, ROBERT JM.D.  
Address 26 NORTH PARK CIRCLE  
City-State-Zip: PALM COAST FL 32137

*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:** ROBERT J BENKENDORF MD

**PRESIDENT**

**02/02/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date