

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000028490

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

Current Principal Place of Business:

4070 PINE COVE LANE
P.O. BOX 275
MACKINAC ISLAND, MI 49757

Current Mailing Address:

PO BOX 275
MACKINAC ISLAND, MI 49757 US

FEI Number: 26-4556006

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

F BOYD, ESQUIRE, JOEL
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: JOEL F BOYD, ESQUIRE

06/02/2025

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 BENKENDORF MD

ROBERT J BENKENDORF 06/02/2025
MD LLC

Electronic Signature of Signing Authorized Person(s) Detail

Date