## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000062389

Entity Name: CAROL GRANT, MD, LLC

2212 S. CHICKASAW TRL SUITE 208 ORLANDO, FL 32825

**Current Principal Place of Business:** 

## **Current Mailing Address:**

2212 S. CHICKASAW TRL SUITE 208 ORLANDO, FL 32825 US

FEI Number: 27-0451216 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

GRANT, MD, CAROL 2212 S. CHICKASAW TRL SUITE 208 ORLANDO, FL 32825 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

**FILED** May 04, 2016

**Secretary of State** 

CC3355698034

## Authorized Person(s) Detail:

Title MGRM

GRANT, MD, CAROL Name 2212 S. CHICKASAW TRL Address

City-State-Zip: ORLANDO FL 32825

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.

05/04/2016 SIGNATURE: GRANT, MD, CAROL **MGRM**