

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067067

**Entity Name:** JACQUELINE DENOBRIGA MD LLC

**Current Principal Place of Business:**

7604 N.W. 70TH WAY  
PARKLAND, FL 33067

**Current Mailing Address:**

7604 N.W. 70TH WAY  
PARKLAND, FL 33067 US

**FEI Number:** 27-0531651

**Certificate of Status Desired:** No

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

DENOBRIGA, JACQUELINE  
7604 N.W. 70TH WAY  
PARKLAND, FL 33067 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 MGRM  
Name DENOBRIGA, JACQUELINE  
Address 347 N. NEW RIVER DRIVE EAST #605  
City-State-Zip: FT. LAUDERDALE FL 33301

*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:** JACQUELINE DENOBRIGA

**PRESIDENT**

**06/19/2020**

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

\_\_\_\_\_  
Date