

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068498

**Entity Name:** ARMANDO DE LA CABADA, MD, LLC

**Current Principal Place of Business:**

401 SE 12TH STREET  
SUITE 300  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

PO BOX 350184  
FORT LAUDERDALE, FL 33335 US

**FEI Number:** 26-1923405

**Certificate of Status Desired:** Yes

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

DE LA CABADA, ARMANDO MD  
17874 NW 2ND STREET  
PEMBROKE PINES, FL 33029 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:** ARMANDO DE LA CABADA

06/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DE LA CABADA, ARMANDO MD  
Address 17874 NW 2ND STREET  
City-State-Zip: PEMBROKE PINES FL 33029-2806

*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:** ARMANDO DE LA CABADA MD

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date