

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069479

Entity Name: TROPICALASER OF DORAL, PLLC

Current Principal Place of Business:

11402 NW 41 STREET SUITE 209
DORAL, FL 33178

Current Mailing Address:

11402 NW 41 STREET SUITE 209
DORAL, FL 33178

FEI Number: 27-0581864

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACCUPAY SERVICES CORP
1776 N. PINE ISLAND ROAD, SUITE 216
PLANTATION, FL 33322 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 PEREZ, MADELINE E
Address 7232 SW 123 PL
City-State-Zip: MIAMI FL 33183

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: MADELINE PEREZ

OWNER

04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date