

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000071917

Entity Name: CLINIC LIBESSART, LLC

Current Principal Place of Business:

3850 BIRD ROAD
SUITE 502
MIAMI, FL 33146

Current Mailing Address:

3850 BIRD ROAD
SUITE 502
MIAMI, FL 33146 US

FEI Number: 46-0523600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOARD CERTIFIED ACCOUNTING
1701 E. ATLANTIC BLVD
SUITE 4
POMPANO BEACH, FL 33060 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: BRIAN BOARD

04/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LIBESSART, DIDIER
Address 3850 BIRD ROAD
SUITE 502
City-State-Zip: MIAMI FL 33146

Title MGRM
Name LIBESSART, SOPHIE
Address 3850 BIRD ROAD
SUITE 502
City-State-Zip: MIAMI FL 33146

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: SOPHIE LIBESSART

MGRM

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date