

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125132

Entity Name: JANICE R. LORENZEN, MD, LLC

Current Principal Place of Business:

2734 DORA AVENUE
TAVARES FL 32778

Current Mailing Address:

P O BOX 1738
TAVARES FL 32778

FEI Number: 27-4186975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORENZEN, JANICE R
2734 DORA AVENUE
TAVARES FL 32778 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 P
Name LORENZEN, JANICE RMD
Address 2734 DORA AVENUE
City-State-Zip: TAVARES FL 32778

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: JANICE R LORENZEN

P

01/16/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date