

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063809

**Entity Name:** MY FLORIDA REGIONAL CENTER, LLC

**Current Principal Place of Business:**

8895 NORTH MILITARY TRAIL  
203E  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

8895 NORTH MILITARY TRAIL  
203E  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 45-2433731

**Certificate of Status Desired:** No

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

MARK ESCOFFERY P.A.  
8645 N MILITARY TRAIL  
SUITE 503  
PALM BEACH GARDENS, FL 33410 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:** MARK ESCOFFERY, CPA

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MY FLORIDA REGIONAL CENTER,  
INC.  
Address 8995 NORTH MILITARY TRAIL, SUITE  
203E  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** KENNETH WEISS

P

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date