

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000066611

**Entity Name:** AILEEN DANKO, M.D., LLC

**Current Principal Place of Business:**

4900 SW 74TH CT  
MIAMI, FL 33155

**Current Mailing Address:**

4900 SW 74 CT  
MIAMI, FL 33155 US

**FEI Number:** 45-2474884

**Certificate of Status Desired:** No

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

DANKO, AILEEN  
4900 SW 74 CT  
MIAMI, FL 33155 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:** AILEEN DANKO

11/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DANKO, AILEEN  
Address 4900 SW 74TH CT  
City-State-Zip: MIAMI FL 33155

*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:** AILEEN DANKO

MGRM

11/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date