## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000053534

Entity Name: THE INFECTIOUS DISEASES EXPERT GROUP OF NW

FLORIDA, LLC.

## **Current Principal Place of Business:**

3394 CHANTARENE DRIVE PENSACOLA, FL 32507

## **Current Mailing Address:**

3394 CHANTARENE DRIVE PENSACOLA, FL 32507 US

FEI Number: 45-5096449 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

JOAN, BAKER 3394 CHANTARENE DRIVE PENSACOLA, FL 32507 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: JOAN BAKER 03/31/2020

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

Name EPHTIMIOS, ISSA Name BAKER, JOAN

Address 3394 CHANTARENE DRIVE Address 3394 CHANTARENE DRIVE City-State-Zip: PENSACOLA FL 32507 City-State-Zip: PENSACOLA FL 32507

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: ISSA EPHTIMIOS

MANAGER/OWNER

03/31/2020

**FILED** Mar 31, 2020

**Secretary of State** 

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