

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000159277

**Entity Name:** KENDALL VILLAGE UROLOGY, LLC

**Current Principal Place of Business:**

8501 SW 124 AVE  
SUITE 112  
MIAMI, FL 33183

**Current Mailing Address:**

8501 SW 124 AVE  
SUITE 112  
MIAMI, FL 33183 US

**FEI Number:** 46-1610391

**Certificate of Status Desired:** No

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

ESPOSITO, JOSEPH L.  
8501 SW 124TH AVE  
SUITE 300 SUITE 112  
MIAMI, FL 33156 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	MGRM	Title	MGR
Name	PADRON, MANUEL R DR.	Name	ESPOSITO, JOSEPH L.
Address	8501 SW 124TH AVE SUITE 112	Address	8501 SW 126 AVE SUITE 112
City-State-Zip:	MIAMI FL 33183	City-State-Zip:	MIAMI FL 33183

*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:** JOSEPH LOUIS ESPOSITO

**MGR**

**01/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date