

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000117471

**Entity Name:** LUIS DUHARTE AND ASSOCIATES, MD, L.L.C.

**Current Principal Place of Business:**

5825 U.S. HWY 27 NORTH  
SEBRING, FL 33870

**Current Mailing Address:**

5825 U.S. HWY 27 NORTH  
SEBRING, FL 33870 US

**FEI Number:** 66-0808305

**Certificate of Status Desired:** No

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

DUHARTE, LUIS A  
5825 U.S. HWY 27 NORTH  
SEBRING, FL 33870 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	MMGR	Title	MANAGER
Name	DUHARTE, LUIS A	Name	DIAZ, JEANNETTE
Address	5825 U.S. HWY 27 NORTH	Address	5825 U.S. HWY 27 NORTH
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	SEBRING FL 33870

*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:** LUIS DUHARTE

**OWNER**

**02/19/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date