

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000162678

Entity Name: KELLER MEDICAL MANAGEMENT LLC

Current Principal Place of Business:

7469 NW 4TH ST
PLANTATION, FL 33317

Current Mailing Address:

7469 NW 4TH ST
PLANTATION, FL 33317 US

FEI Number: 46-4169491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLER, NATHANIEL A
7469 NW 4TH ST
PLANTATION, FL 33317 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
Name KELLER, NATHANIEL A
Address 7469 NW 4TH ST
City-State-Zip: PLANTATION FL 33317

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: NATHANIEL KELLER

PRESIDENT

06/24/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date