

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000078879

**Entity Name:** MARISOL ARCILA M.D., PLLC

**Current Principal Place of Business:**

13500 SUTTON PARK DRIVE SOUTH  
SUITE 504  
JACKSONVILLE , FL 32224

**Current Mailing Address:**

7817 MONTEREY BAY DRIVE  
JACKSONVILLE , FL 32256 US

**FEI Number:** 46-5685820

**Certificate of Status Desired:** No

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

ARCILA, MARISOL  
13500 SUTTON PARK DRIVE SOUTH  
SUITE 504  
JACKSONVILLE , FL 32224 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 MGR  
Name ARCILA, MARISOL  
Address 13500 SUTTON PARK DRIVE SOUTH  
SUITE 504  
City-State-Zip: JACKSONVILLE FL 32224

*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:** MARISOL E ARCILA

**SOLE MEMBER**

**01/23/2023**

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

\_\_\_\_\_  
Date