

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000093848

Entity Name: ROBYN HOELLE, M.D. PLLC

Current Principal Place of Business:

10218 SW 15TH PLACE
GAINESVILLE, FL 32607

Current Mailing Address:

10218 SW 15TH PLACE
GAINESVILLE, FL 32607 US

FEI Number: 47-1167690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOELLE, ROBYN
10218 SW 15TH PLACE
GAINESVILLE, FL 32607 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 HOELLE, ROBYN
Address 10218 SW 15TH PLACE
City-State-Zip: GAINESVILLE FL 32607

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: ROBYN HOELLE

PRESIDENT

02/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date