## **2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000093848

Entity Name: ROBYN HOELLE, M.D. PLLC

**Current Principal Place of Business:** 

8803 SW 61ST AVE GAINESVILLE. FL 32608

**Current Mailing Address:** 

8803 SW 61ST AVE

GAINESVILLE. FL 32608 US

FEI Number: 47-1167690 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOELLE, ROBYN 8803 SW 61ST AVE GAINESVILLE, FL 32608 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: ROBYN HOELLE 04/08/2022

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR

Name HOELLE, ROBYN Address 8803 SW 61ST AVE

City-State-Zip: GAINESVILLE FL 32608

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 MARIE HOELLE

**PRESIDENT** 

04/08/2022

FILED Apr 08, 2022

**Secretary of State** 

1671259577CR

Date