

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000096324

**Entity Name:** CMA PROFESSIONAL CENTER, LLC

**Current Principal Place of Business:**

4495 SW 67TH TERRACE  
SUITE 207  
DAVIE, FL 33314

**Current Mailing Address:**

4495 SW 67TH TERRACE  
SUITE 207  
DAVIE, FL 33314 US

**FEI Number:** 47-1117314

**Certificate of Status Desired:** No

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

RIVEIRO, FERNANDO  
4495 SW 67TH TERRACE  
SUITE 207  
DAVIE, FL 33314 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:** FERNANDO RIVEIRO

01/08/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RIVEIRO, FERNANDO  
Address 4495 SW 67TH TERRACE  
SUITE 207  
City-State-Zip: DAVIE FL 33314

*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:** FERNANDO RIVEIRO

MANAGER

01/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date