

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000160113

**Entity Name:** ACOSTA NEUROLOGY CONSULTING, LLC

**Current Principal Place of Business:**

685 MAYO AVE  
MAITLAND, FL 32751

**Current Mailing Address:**

685 MAYO AVE  
MAITLAND, FL 32751

**FEI Number:** 47-2079770

**Certificate of Status Desired:** No

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

ACOSTA, INDRANI E  
685 MAYO AVE  
MAITLAND, FL 32751 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            MRS.  
Name            ACOSTA, INDRANI  
Address        685 MAYO AVE  
City-State-Zip: MAITLAND FL 32751

Title            MRS.  
Name            ACOSTA, INDRANI  
Address        685 MAYO AVE  
City-State-Zip: MAITLAND FL 32751

*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:** INDRANI ACOSTA

**OWNER**

**04/30/2019**

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

\_\_\_\_\_  
Date