## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000173827

Entity Name: VILLAGE MEDICAL PLAZA, LLC

**Current Principal Place of Business:** 

4779 COLLINS AVE APT 4203

MIAMI BEACH, FL 33140

## **Current Mailing Address:**

4779 COLLINS AVE APT 4203 MIAMI BEACH, FL 33140 US

FEI Number: 47-2287960 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PORRELLO, JOSEPH A 7700 N. KENDALL DRIVE SUITE 602 MIAMI, FL 33156 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

FILED Mar 14, 2025

**Secretary of State** 

9456877320CC

## Authorized Person(s) Detail:

Title MGR

Name GARCIA, JORGE L Address 4779 COLLINS AVE

**APT 4203** 

City-State-Zip: MIAMI BEACH FL 33140

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: JORGE GARCIA MANAGER 03/14/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date