

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000055109

Entity Name: DR. CARA NIXON, LLC

Current Principal Place of Business:

5660 STRAND CT
NAPLES, FL 34110

Current Mailing Address:

9431 GREYHAWK TRAIL
NAPLES, FL 34120 US

FEI Number: 47-3548228

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIXON BARBOSA, CARA DR.
5660 STRAND CT
NAPLES, FL 34110 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: CARA NIXON BARBOSA, PSYD

01/02/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name NIXON BARBOSA, CARA
Address 5660 STRAND CT
City-State-Zip: NAPLES FL 34110

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: CARA NIXON BARBOSA

DR

01/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date