# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000120114

Entity Name: DAWKINS INHOUSE CPR & PROFESSIONAL SERVICES LLC

FILED
Apr 08, 2024
Secretary of State
8336302984CC

# **Current Principal Place of Business:**

3622 NW 95 TERRACE

L2

SUNRISE, FL 33351

# **Current Mailing Address:**

**3622 NW 95 TERRACE** 

L2

SUNRISE, FL 33351 US

FEI Number: 81-3122510 Certificate of Status Desired: No

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

DAWKINS, DENISE 3622 NW 95 TERRACE UNIT L2 SUNRISE, FL 33351 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: DENISE DAWKINS 04/08/2024

Electronic Signature of Registered Agent Date

### Authorized Person(s) Detail:

Title AMBR

Name DAWKINS, DENISE Y.
Address 3622 NW 95 TERRACE

L2

City-State-Zip: SUNRISE FL 33351

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: DENISE DAWKINS AMBR 04/08/2024