

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000167160

Entity Name: DOCTORS LAKE SLEEP AND WELLNESS LLC

Current Principal Place of Business:

1665 EAGLE HARBOR PKWY E
FLEMING ISLAND, FL 32003

Current Mailing Address:

1665 EAGLE HARBOR PKWY E
FLEMING ISLAND, FL 32003 US

FEI Number: 81-4557167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOITET, DAYN C
1665 EAGLE HARBOR PKWY E
FLEMING ISLAND, FL 32003 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: DAYN C BOITET DDS

02/08/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name BOITET, DAYN
Address 1665 EAGLE HARBOR PKWY E
City-State-Zip: FLEMING ISLAND FL 32003

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: DAYN C BOITET

AMBR

02/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date