

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000003149

**Entity Name:** GABRIELLA ASSI MD LLC

**Current Principal Place of Business:**

5851 ST AUGUSTINE RD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5851 ST AUGUSTINE RD  
JACKSONVILLE, FL 32207 US

**FEI Number:** 81-4816765

**Certificate of Status Desired:** No

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

ASSI, GABRIELLA  
5851 ST AUGUSTINE RD  
JACKSONVILLE, FL 32207 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:** GABRIELLA ASSI

09/06/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ASSI, GABRIELLA  
Address 3741 CATHEDRAL OAKS PL N  
City-State-Zip: JACKSONVILLE FL 32217

*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:** GABRIELLA ASSI

MANAGER

09/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date