## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000033966

**Entity Name: CENTRO MEDICO LLC** 

**Current Principal Place of Business:** 

1425 VISCAYA PRKWY SUITE 101

CAPE CORAL, FL 33990

**Current Mailing Address:** 

1425 VISCAYA PRKWY SUITE 101 CAPE CORAL, FL 39990 US

FEI Number: 32-0651024 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702 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: TOM GLOVER 02/02/2024

Electronic Signature of Registered Agent

Date

**FILED** Feb 02, 2024

**Secretary of State** 

7215339849CC

## Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title

JOSEPH, JOCELIN Name

Address 1425 VISCAYA PRKWY SUITE 101 101

City-State-Zip: CAPE CORAL FL 33990

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: JOCELIN JOSEPH 02/02/2024 **MEMBER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date