

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000038156

Entity Name: FELIZ, M.D., LLC

Current Principal Place of Business:

601 NW 179TH AVENUE
SUITE 104
PEMBROKE PINES, FL 33029

Current Mailing Address:

601 NW 179TH AVENUE
SUITE 104
PEMBROKE PINES, FL 33029

FEI Number: 81-5466098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELIZ, MARLENNY
13296 NW 18TH CT
PEMBROKE PINES, FL 33028 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: MARLENNY FELIZ

03/14/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FELIZ, MARLENNY
Address 13296 NW 18TH CT
City-State-Zip: PEMBROKE PINES FL 33028

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: MARLENNY FELIZ

DOCTOR

03/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date