

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000044073

**Entity Name:** FLIP FLOPS AND LOLLIPOPS PEDIATRICS, LLC

**Current Principal Place of Business:**

96279 BRADY POINT RD  
SUITE C  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

96279 BRADY POINT RD  
SUITE C  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 82-0710677

**Certificate of Status Desired:** No

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

FINA, JUSTIN R  
2219 S FLETCHER AVE  
FERNANDINA BEACH, FL 32034 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AR  
Name FINA, LERA L DO  
Address 2219 S FLETCHER AVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title AR  
Name FINA, JUSTIN R  
Address 2219 S FLETCHER AVE  
City-State-Zip: FERNANDINA BEACH FL 32034

*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:** JUSTIN FINA

**MEMBER**

**02/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date