I hereby certify that the information indicated on this report or supplemental report is true and accurately oath; that I am a managing member or manager of the limited liability company or the receiver or the supplementation of		
that my name appears above, or on an attachment with all other like empowered.	· · · · · · · · · · · · · · · · · · ·	, ,
SIGNATURE: JUSTIN FINA	AR	04/29/2024

SIGNATURE: JUSTIN FINA

I

Electronic Signature of Signing Authorized Person(s) Detail

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

# Authorized Person(s) Detail :

AR	Title	AR
FINA, LERA L DO	Name	FINA, JUSTIN R
22455 FLORA PARKE XING	Address	22455 FLORA PARKE XING
FERNANDINA BEACH FL 32034	City-State-Zip:	FERNANDINA BEACH FL 32034
	FINA, LERA L DO 22455 FLORA PARKE XING	FINA, LERA L DO Name 22455 FLORA PARKE XING Address

#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000044073

Entity Name: FLIP FLOPS AND LOLLIPOPS PEDIATRICS, LLC

# **Current Principal Place of Business:**

22455 FLORA PARKE XING FERNANDINA BEACH, FL 32034

### **Current Mailing Address:**

22455 FLORA PARKE XING FERNANDINA BEACH. FL 32034 US

# FEI Number: 82-0710677

# Name and Address of Current Registered Agent:

FINA, JUSTIN R 22455 FLORA PARKE XING FERNANDINA BEACH, FL 32034 US

Certificate of Status Desired: No

Apr 29, 2024 Secretary of State 8203704705CC

Date

FILED

Date