# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000087384

Entity Name: KYRILLOS SABER MEDICAL ACADEMY LLC

Apr 28, 2018

**Secretary of State** CC3906056274

**FILED** 

# **Current Principal Place of Business:**

3905 TAMPA RD #2355 OLDSMAR, FL 34677

# **Current Mailing Address:**

3905 TAMPA RD #2355 OLDSMAR, FL 34677 US

FEI Number: 82-1235203 Certificate of Status Desired: No

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

YOUNAN, KYRILLOS S 3905 TAMPA RD #2355 OLDSMAR, FL 34677 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 MGR

Name YOUNAN, KYRILLOS S Address 3905 TAMPA RD #2355 City-State-Zip: OLDSMAR FL 34677

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: KYRILLOS YOUNAN

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

04/28/2018