

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000088808

Entity Name: JACOB MADIGAN DPT LLC

Current Principal Place of Business:

15454 SUMMIT PLACE CIRCLE
NAPLES, FL 34119

Current Mailing Address:

15454 SUMMIT PLACE CIRCLE
NAPLES, FL 34119 US

FEI Number: 82-1283715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MADIGAN, JACOB M
15454 SUMMIT PLACE CIRCLE
NAPLES, FL 34119 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 MADIGAN, JACOB M
Address 15454 SUMMIT PLACE CIRCLE
City-State-Zip: NAPLES FL 34119

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: JACOB M MADIGAN

MANAGER

03/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date