

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000099285

**Entity Name:** MAIN STREET MEDICAL LLC

**Current Principal Place of Business:**

10549 N. FLORIDA AVENUE  
SUITE A  
TAMPA, FL 33612

**Current Mailing Address:**

P.O. BOX 17175  
TAMPA, FL 33682 US

**FEI Number:** 82-4801307

**Certificate of Status Desired:** No

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

BANJOKO, CASEY  
10549 N. FLORIDA AVENUE  
SUITE A  
TAMPA, FL 33612 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:** CASEY BANJOKO

04/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CFO	Title	COO
Name	BANJOKO, STEPHEN O	Name	BANJOKO, CASEY
Address	P. O. BOX 17175	Address	P. O. BOX 17175
City-State-Zip:	TAMPA FL 33682	City-State-Zip:	TAMPA FL 33682

*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:** CASEY BANJOKO

COO

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date