

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000099285

**Entity Name:** MAIN STREET MEDICAL LLC

**Current Principal Place of Business:**

8900 N ARMENIA AVE  
STE 206  
TAMPA, FL 33604

**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:**

SOLO LLC  
8900 N ARMENIA AVE  
STE 222  
TAMPA, FL 33604 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 SOLO LLC  
Address P.O. BOX 17175  
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:** STEPHEN BANJOKO

**CFO**

**02/06/2019**

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

\_\_\_\_\_  
Date