

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000176094

Entity Name: CARLOS QUINTERO MD LLC

Current Principal Place of Business:

802 TURKEY CREEK
ALACHUA, FL 32615

Current Mailing Address:

802 TURKEY CREEK
ALACHUA, FL 32615

FEI Number: 82-2529974

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINTERO, CARLOS SR
802 TURKEY CREEK
ALACHUA, FL 32615 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 QUINTERO, CARLOS SR
Address 802 TURKEY CREEK
City-State-Zip: ALACHUA FL 32615

Title MGR
Name LUIS, QUINTERO
Address 802 TURKEY CREEK
City-State-Zip: ALACHUA FL 32615

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: CARLOS QUINTERO

MGR

07/03/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date