

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000236772

Entity Name: MARYLUZ FUENTES, MD, LLC

Current Principal Place of Business:

16226 26TH ST E
PARRISH, FL 34219

Current Mailing Address:

16226 26TH STREET E
PARRISH, FL 34219 US

FEI Number: 82-3392912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FUENTES, MARYLUZ
16226 26TH STREET E
PARISH, FL 34219 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 FUENTES, MARYLUZ
Address 16226 26TH STREET E
City-State-Zip: PARISH FL 34219

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: MARYLUZ FUENTES

OWNER

04/23/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date