#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000242501

Entity Name: TAYLOR MADE MEDICAL CARE, LLC

Feb 19, 2020

**Secretary of State** 3953883430CC

**FILED** 

### **Current Principal Place of Business:**

1217 NW 55TH STREET UNIT 15 GAINESVILLE, FL 32605

## **Current Mailing Address:**

TAYLOR MADE MEDICAL CARE, LLC PO BOX 358877 GAINESVILLE, FL 32635 US

FEI Number: 82-3518817 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

TAYLOR, DALE L 1217 NW 55TH STREET UNIT 15 GAINESVILLE, FL 32605 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 TAYLOR, DALE L

1217 NW 55TH STREET, UNIT 15 Address

City-State-Zip: GAINESVILLE FL 32605

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.

Electronic Signature of Signing Authorized Person(s) Detail