

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000063262

**Entity Name:** AGAVE AZUL DOCTOR PHILLIPS LLC

**Current Principal Place of Business:**

3771 BRANTLEY PLACE CIR  
APOPKA, FL 32703

**Current Mailing Address:**

3771 BRANTLEY PLACE CIR  
APOPKA, FL 32703

**FEI Number: 82-4782985**

**Certificate of Status Desired: No**

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

AMERICAN TAX & PAYROLL SERVICES LLC  
887 STATE ROAD 436  
CASSELBERRY, FL 32707 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	Title	MGR
Name	RIOS, JOEL	Name	RIOS, JUAN
Address	3771 BRANTLEY CIRCLE	Address	3771 BRANTLEY PLACE CIRCLE
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703

*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: RIOS , JOEL**

**MGR**

**03/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date