

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000176969

**Entity Name:** CANDACE L. BROWN MD, PLLC

**Current Principal Place of Business:**

257 JONESBORO RD  
427  
PINEY FLATS, TN 37686

**Current Mailing Address:**

PO BOX 427  
PINEY FLATS, TN 37686 US

**FEI Number:** 83-4230100

**Certificate of Status Desired:** No

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

BROWN, CHRISTOPHER G ESQ.  
245 SE 3RD AVENUE  
311  
MIAMI, FL 33131 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 BROWN, CANDACE L  
Address PO BOX 427  
City-State-Zip: PINEY FLATS TN 37686

*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:** CANDACE L. BROWN

**MANAGER**

**03/02/2023**

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

\_\_\_\_\_  
Date