

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000265665

Entity Name: AARON'S DOCTOR OFFICE, LLC

Current Principal Place of Business:

68 S SUMMIT
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 1391
SANTA ROSA BEACH, FL 32459 US

FEI Number: 83-2498197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREEK, AARON
68 S SUMMIT
SANTA ROSA BEACH, FL 32459 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 AMBR
Name CREEK, AARON
Address 68 S SUMMIT
City-State-Zip: SANTA ROSA BEACH FL 32459

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: AARON CREEK

OWNER

02/01/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date