

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000186683

FILED
Jun 30, 2020
Secretary of State
7298346909CC

Entity Name: RESEARCH ASSOCIATES OF FLORIDA, LLC

Current Principal Place of Business:

5401 SOUTH CONGRESS AVE
SUITE 211
ATLANTIS, FL 33462

Current Mailing Address:

5401 SOUTH CONGRESS AVE
SUITE 211
ATLANTIS, FL 33462

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEINBERG, SETH MD
5401 SOUTH CONGRESS AVE
SUITE 211
ATLANTIS, FL 33462 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 STEINBERG, SETH MD
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462

Title MGR
Name ROSENFELD, THOMAS MD
Address 5401 S. CONGRESS , SUITE 211
City-State-Zip: ATLANTIS FL 33462

Title MGR
Name SIMON, TODD DO
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462

Title MGR
Name HURWITZ, LYLE MD
Address 5401 S. CONGRESS, SUITE 211
City-State-Zip: ATLANTIS FL 33462

Title MGR
Name MEDRANO, MILES MD
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462

Title MGR
Name SILVERSTEIN, TARYN DO
Address 5401 S. CONGRESS AVE, SUITE 211
City-State-Zip: ATLANTIS FL 33462

Title MGR
Name SHERMAN MD, FREDERICK
Address 5401 SOUTH CONGRESS AVE
SUITE 211
City-State-Zip: ATLANTIS FL 33462

Title AUTHORIZED REPRESENTATIVE
Name HAYMOND, SUZAN
Address 5401 SOUTH CONGRESS AVE
SUITE 211
City-State-Zip: ATLANTIS FL 33462

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: SUZAN HAYMOND

CHIEF ADMINISTRATIVE OFFICER 06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date