

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000038524

**Entity Name:** WALLOWAY MEDICAL OFFICES LLC

**Current Principal Place of Business:**

825 SW 87 AVE  
MIAMI, FL 33174

**Current Mailing Address:**

7800 SW 9 TER  
MIAMI, FL 33144 US

**FEI Number:** 84-4665839

**Certificate of Status Desired:** No

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

PEDRE, JAVIER  
7800 SW 9 TER  
MIAMI, FL, FL 33144 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	MGRM	Title	MGRM
Name	PEDRE, YANIA	Name	PEDRE, JAVIER
Address	7800 SW 9 TER	Address	7800 SW 9 TER
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI, FL FL 33144

*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:** JAVIER PEDRE

**MGRM**

**03/29/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date