

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000186883

**Entity Name:** SARAH SYED MD LLC

**Current Principal Place of Business:**

7403 TEMPLE TERRACE HWY  
SUITE D  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

7403 TEMPLE TERRACE HWY  
SUITE D  
TEMPLE TERRACE, FL 33637 US

**FEI Number:** 85-1908588

**Certificate of Status Desired:** No

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

SYED, SARAH  
7403 TEMPLE TERRACE HWY  
SUITE D  
TEMPLE TERRACE, FL 33637 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 SYED, SARAH  
Address 7403 TEMPLE TERRACE HWY, SUITE  
D  
City-State-Zip: TEMPLE TERRACE FL 33637

*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:** SARAH SYED

MGR

03/23/2023

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

\_\_\_\_\_  
Date