

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000006131

**Entity Name:** MJAY CR MED, LLC

**Current Principal Place of Business:**

8902 N DALE MABRY HWY  
STE 200  
TAMPA, FL 33614

**Current Mailing Address:**

8902 N DALE MABRY HWY  
STE 200  
TAMPA, FL 33614 US

**FEI Number:** 86-1357660

**Certificate of Status Desired:** No

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

EGGLESTON, H. ROBERT III  
8902 N DALE MABRY HWY  
STE 200  
TAMPA, FL 33614 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 EGGLESTON, H. ROBERT III  
Address 8902 N DALE MABRY HWY STE 200  
City-State-Zip: TAMPA FL 33614

Title MGR  
Name RICE, MITCHELL F  
Address 8902 N DALE MABRY HWT STE 200  
City-State-Zip: TAMPA FL 33614

*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:** MITCHELL F RICE

**MANAGER**

**04/12/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date