

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000034979

Entity Name: COLONIAL MEDICINE INSTITUTE LLC

Current Principal Place of Business:

207 MANUEL CT
ST. AUGUSTINE, FL 32095

Current Mailing Address:

207 MANUEL CT
ST. AUGUSTINE, FL 32095 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MILLER, CHRISTINE
Address 207 MANUEL CT
City-State-Zip: ST. AUGUSTINE FL 32095

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: CHRISTINE P. MILLER

FOUNDER

07/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date