

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000132107

Entity Name: MISSION FAMILY MEDICINE LLC

Current Principal Place of Business:

1785 GARDEN STREET
TITUSVILLE, FL 32796

Current Mailing Address:

1785 GARDEN STREET
TITUSVILLE, FL 32796

FEI Number: 86-3013918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, BENJAMIN G
1785 GARDEN STREET
TITUSVILLE, FL 32796 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	AR	Title	AR
Name	MARSHALL, BENJAMIN G	Name	MARSHALL, MIRANDA B
Address	1733 CASTLE DRIVE	Address	1733 CASTLE DRIVE
City-State-Zip:	TITUSVILLE FL 32796	City-State-Zip:	TITUSVILLE FL 32796

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: BENJAMIN MARSHALL

CEO

01/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date