

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000231496

**Entity Name:** HIGHLANDS LIVESCAN PROFESSIONALS LLC

**Current Principal Place of Business:**

435 LEMON AVE.  
SEBRING, FL 33870

**Current Mailing Address:**

435 LEMON AVE.  
SEBRING, FL 33870 US

**FEI Number:** 86-3994809

**Certificate of Status Desired:** No

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

MAY, DYLAN A  
435 LEMON AVE.  
SEBRING, FL 33870 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	Title	AMBR
Name	MAY, DYLAN A	Name	NEWMAN-MAY, NANCY M
Address	435 LEMON AVE.	Address	435 LEMON AVE.
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	SEBRING FL 33870

*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:** DYLAN MAY

**OWNER**

**03/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date