

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000280435

**Entity Name:** SONO MD OF MIAMI LLC

**Current Principal Place of Business:**

616 SANTURCE AVE  
MIAMI, FL 33143-6360

**Current Mailing Address:**

616 SANTURCE AVE  
MIAMI, FL 33143-6360 US

**FEI Number:** 87-125920

**Certificate of Status Desired:** No

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

KARASEK, KONRAD MD  
616 SANTURCE AVE  
MIAMI, FL 33143-6360 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 KARASEK, KONRAD MD  
Address 616 SANTURCE AVE  
City-State-Zip: MIAMI FL 33143-6360

*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:** KONRAD KARASEK

MGR

03/07/2025

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

\_\_\_\_\_ Date