

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000333562

**Entity Name:** TUMMY DOCTOR, LLC

**Current Principal Place of Business:**

11247 BRIDGE HOUSE RD  
WINDERMERE, FL 34786

**Current Mailing Address:**

11247 BRIDGE HOUSE RD  
WINDERMERE, FL 34786

**FEI Number:** 87-2027812

**Certificate of Status Desired:** No

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

MOHIUDDIN, MUHAMMAD  
11247 BRIDGE HOUSE RD  
WINDERMERE, FL 34786 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 MOHIUDDIN, MUHAMMAD  
Address 11247 BRIDGE HOUSE RD  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name MOHIUDDIN, FARHEEN  
Address 11247 BRIDGE HOUSE RD  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name MOHIUDDIN, MAAZEN  
Address 11247 BRIDGE HOUSE RD  
City-State-Zip: WINDERMERE FL 34786

*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:** MOHIUDDIN , MUHAMMAD

AMBR

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date