

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000050785

Entity Name: SUPERIOR HEALTHCARE DESIGN LLC

Current Principal Place of Business:

23105 SW 122ND AVE
GOULDS, FL 33170

Current Mailing Address:

10565 ERMINE AVE
BOCA RATON , FL 33428 US

FEI Number: 88-0681786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIDDIQUI, FATIMA MS
10565 ERMINE AVE
BOCA RATON , FL 33428 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 MANAGER/AUTHORIZED MEMBER
Name SIDDIQUI, FATIMA ARADA
Address 10565 ERMINE AVE
City-State-Zip: BOCA RATON FL 33428

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: FATIMA ARADA SIDDIQUI

OWNER

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date