

**2024 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

MANAGER/AUTHORIZED   05/01/2024  
MEMBER/AUTHORIZED  
REPRESENTATIVE

Electronic Signature of Signing Authorized Person(s) Detail

Date