

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000073570

Entity Name: CENTRAL FLA MEDICAL CERTIFICATIONS LLC

Current Principal Place of Business:

8810 SW HWY 200
UNIT 119
OCALA, FL 34481

Current Mailing Address:

8112 SW 76TH AVE
OCALA, FL 34476 US

FEI Number: 88-0889263

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE, SYDNIE M
8112 SW 76TH AVE
OCALA, FL 34476 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 WHITE, SYDNIE M
Address 8112 SW 76TH AVE
City-State-Zip: Ocala FL 34476

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: SYDNIE M WHITE

AMBR

03/01/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date