

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000147531

Entity Name: MY FAVORITE CLINIC LLC

Current Principal Place of Business:

36750 US HIGHWAY 19 N
3086
PALM HARBOR, FL 34684

Current Mailing Address:

2708 W SAINT JOHN ST
TAMPA, FL 33607 US

FEI Number: 88-1685158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIRBAN, ELIZABETH
2708 W SAINT JOHN ST
TAMPA, FL 33607 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 SIRBAN, ELIZABETH
Address 2708 W SAINT JOHN ST
City-State-Zip: TAMPA FL 33607

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: ELIZABETH SIRBAN

MS

04/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date