

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000174313

Entity Name: HFP MLA, LLC

Current Principal Place of Business:

C/O HEALTHCARE FUNDING PARTNERS, LLC
2255 GLADES ROAD, SUITE 324A
BOCA RATON, FL 33431

Current Mailing Address:

C/O HEALTHCARE FUNDING PARTNERS, LLC
2255 GLADES ROAD, SUITE 324A
BOCA RATON, FL 33431 US

FEI Number: 88-2025610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMITER, SINGER, BASEMAN & BRAUN, LLP
3825 PGA BLVD., SUITE 701
PALM BEACH GARDENS, FL 33410 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 MGR
Name HEALTHCARE FUNDING PARTNERS,
LLC
Address 2255 GLADES ROAD, SUITE 324A
City-State-Zip: BOCA RATON FL 33431

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: HEALTHCARE FUNDING PARTNERS, LLC

MANAGER

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date