

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000313041

**Entity Name:** MEDICINE AND PROPERTIES, LLC

**Current Principal Place of Business:**

4764 NORTHWEST 11TH AVENUE  
MIAMI, FL 33127

**Current Mailing Address:**

435 SW 81ST AVENUE  
MIAMI, FL 33144 US

**FEI Number: 88-3511916**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMPER, LLOYD L  
4764 NORTHWEST 11TH AVENUE  
MIAMI, FL 33127 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	Title	MGR
Name	CAMPER, LLOYD L	Name	CAMPER, NAOMI
Address	4764 NORTHWEST 11TH AVENUE	Address	14047 LEMOLI AVE
City-State-Zip:	MIAMI FL 33127	City-State-Zip:	HAWTHORNE CA 90250

*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: LLOYD CAMPER**

**OWNER**

**01/22/2026**

Electronic Signature of Signing Authorized Person(s) Detail

Date