

**2023 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:**

14047 LEMOLI AVE  
HAWTHORNE, CA 90250--821 UN

**FEI Number:** APPLIED FOR

**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  
Name CAMPER, LLOYD L  
Address 4764 NORTHWEST 11TH AVENUE  
City-State-Zip: MIAMI FL 33127

*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:** CAMPER, LLOYD L

MANAGER

01/20/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date