

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000328373

Entity Name: CHARLES POTTER M.D. LLC

Current Principal Place of Business:

1020 BARBER CREEK DRIVE
SUITE 313
WATKINSVILLE, GA 30677

Current Mailing Address:

1020 BARBER CREEK DRIVE
SUITE 313
WATKINSVILLE, GA 30677 US

FEI Number: 88-3527434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, DAVID
4098 SCARLET IRIS PLACE
WINTER PARK, FL 32792 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	POTTER, CHARLES
Address	1020 BARBER CREEK DRIVE SUITE 313
City-State-Zip:	WATKINSVILLE GA 30677

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: POTTER, CHARLES

MANAGER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date