

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000489312

**Entity Name:** EMF OF FORT MYERS LLC

**Current Principal Place of Business:**

49 BARKLEY CIR  
FORT MYERS, FL 33907

**Current Mailing Address:**

49 BARKLEY CIR  
FORT MYERS, FL 33907

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PATEL, KALPESHKUMAR B  
6451 CORAL CREEK CT  
ELLENTON, FL 34222 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	PATEL, KALPESHKUMAR B	Name	PATEL, ASHABEN S
Address	6451 CORAL CREEK CT	Address	9210 KNIGHT AVE
City-State-Zip:	ELLENTON FL 34222	City-State-Zip:	DES PLAINES IL 60016

*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:** PATEL, KALPESHKUMAR B

**MANAGER**

**04/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date