

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000514304

Entity Name: 3801 N HWY 19A LAKE MEDICAL LLC

Current Principal Place of Business:

3801 N HIGHWAY 19A, SUITE 402
MOUNT DORA, FL 32757

Current Mailing Address:

3801 N HIGHWAY 19A, SUITE 402
MOUNT DORA, FL 32757 US

FEI Number: 92-2711989

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, KEVIN T
3801 N. HIGHWAY 19A, SUITE 402
MOUNT DORA, FL 32757 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	MENESES-TAYLOR, RUTH	Name	TAYLOR, KEVIN T
Address	3801 N. HIGHWAY 19A, SUITE 402	Address	3801 N. HIGHWAY 19A, SUITE 402
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	MOUNT DORA FL 32757

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: RUTH MENESES-TAYLOR

MGR

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date