

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000095484

**Entity Name:** MICHELLE VALDEZ FAMILY NURSE PRACTITIONER LLC

**Current Principal Place of Business:**

217 EAST CENTRAL AVENUE  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

PO BOX 2193  
LAKELAND, FL 33806 US

**FEI Number:** 92-2724503

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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            AMBR  
Name            VALDEZ, MICHELLE  
Address        PO BOX 2193  
City-State-Zip: LAKELAND FL 33806

*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:** VALDEZ , MICHELLE

AMBR

02/28/2024

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

\_\_\_\_\_  
Date