

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000353431

Entity Name: ALYSSA PENSIRIKUL, M.D., LLC

Current Principal Place of Business:

1615 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

Current Mailing Address:

1615 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

FEI Number: 93-2604409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENSIRIKUL, ALYSSA
1615 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 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 PENSIRIKUL, ALYSSA
Address 1615 COUNTRY CLUB PRADO
City-State-Zip: CORAL GABLES FL 33134

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: ALYSSA DARA PENSIRIKUL

ALYSSA PENSIRIKUL, MD 05/01/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date