

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000384723

**Entity Name:** SOUTH FLORIDA VASCULAR AND ENDOVASCULAR  
CONSULTANTS PLLC

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**1990266807CC**

**Current Principal Place of Business:**

1755 EAST HALLANDALE BEACH BOULEVARD  
902  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1755 EAST HALLANDALE BEACH BOULEVARD  
902  
HALLANDALE BEACH, FL 33009 US

**FEI Number: 93-2877044**

**Certificate of Status Desired: No**

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

J MUIR & ASSOCIATES PA  
121 ALHAMBRA PLAZA  
1500  
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 MGR  
Name LAJOIE, LIDIE  
Address 1755 EAST HALLANDALE BEACH  
BOULEVARD, 902  
City-State-Zip: HALLANDALE BEACH FL 33009

*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: LIDIE LAJOIE** \_\_\_\_\_

**MGR**

**02/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date