

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000514944

**Entity Name:** M DISABILITY LLC

**Current Principal Place of Business:**

11628 MIDDLE FORK WAY  
PARRISH, FL 34219

**Current Mailing Address:**

11628 MIDDLE FORK WAY  
PARRISH, FL 34219

**FEI Number:** 93-4566820

**Certificate of Status Desired:** No

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

MURESAN, ERICA  
11628 MIDDLE FORK WAY  
PARRISH, FL 34219 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 MURESAN, ERICA  
Address 11628 MIDDLE FORK WAY  
City-State-Zip: PARRISH FL 34219

*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:** ERICA MURESAN

MGR

04/16/2024

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

\_\_\_\_\_  
Date