

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000554170

Entity Name: CAFE NOLO LLC

Current Principal Place of Business:

10401 US 441
402
LEESBURG, FLORIDA 34788

Current Mailing Address:

10401 US 441
402
LEESBURG, FLORIDA 34788 UN

FEI Number: 93-4922837

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOCTORS HEALTH CENTER LLC
10401 US 441
402
LEESBURG, FL 34788 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: ALEJANDRO CASTRO

05/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DOCTORS HEALTH CENTER LLC
Address 912 DREW ST
STE 202#1036
City-State-Zip: CLEARWATER FL 33755

Title MANAGER
Name FLORIDA BEST PRIMARY CARE
SERVICES, LLC
Address 2718 LEE BLVD
SUITE B
City-State-Zip: LEHIGH ACRES FL 33971

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: ALEJANDRO CASTRO

CEO

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date