

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000277442

**Entity Name:** RNJJ MED, LLC

**Current Principal Place of Business:**

16703 EARLY RISER AVE, STE 121  
LAND O LAKES, FL 34638

**Current Mailing Address:**

PO BOX 536  
ODESSA, FL 33556 US

**FEI Number:** 99-3593797

**Certificate of Status Desired:** No

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

ACCOUNTABLE CONSULTING, PA  
16703 EARLY RISER AVE, STE 121  
LAND O LAKES, FL 34638 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 MEHRI, TEAH  
Address 16703 EARLY RISER AVE, STE 121  
City-State-Zip: LAND O LAKES FL 34638

*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:** TEAH MEHRI

MGR

03/30/2025

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

\_\_\_\_\_  
Date