

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000524526

Entity Name: DR.DRAPACH FAMILY CARE LLC

Current Principal Place of Business:

7 SAINT ANDREWS CT
PALM COAST, FL 32137

Current Mailing Address:

7 SAINT ANDREWS CT
PALM COAST, FL 32137

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRAPACH, DMITRY
7 SAINT ANDREWS CT
PALM COAST, FL 32137 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 SVETLANA, KIBENKO
Address 7 SAINT ANDREWS CT
City-State-Zip: PALM COAST FL 32137

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: KIBENKO SVETLANA

MGR

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date