

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000039

Entity Name: ASTHMA AND ALLERGY SPECIALISTS, LLC

Current Principal Place of Business:

785 WEST GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32174

Current Mailing Address:

785 WEST GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32174

FEI Number: 59-3414513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCLAUGHLIN, EDWARD
785 W. GRANADA BLVD.
SUITE 2
ORMOND BEACH, FL 32174 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 MGRM
Name MCLAUGHLIN, EDWARD T
Address 785 W GRANADA BLVD
City-State-Zip: ORMOND BEACH FL 32174

Title MGRM
Name MAS, JUAN C
Address 785 W GRANADA BLVD
City-State-Zip: ORMOND BEACH FL 32174

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: EDWARD MCLAUGHLIN

MANAGER

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date