

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000016530

**Entity Name:** NORTH DADE OD LLC

**Current Principal Place of Business:**

567 SAN NICOLAS DRIVE SUITE 450  
NEWPORT BEACH, CA 92660

**Current Mailing Address:**

567 SAN NICOLAS DRIVE SUITE 450  
NEWPORT BEACH, CA 92660

**FEI Number:** 87-3625220

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 O'DONNELL, DOUGLAS  
Address 567 SAN NICOLAS DRIVE SUITE 450  
City-State-Zip: NEWPORT BEACH CA 92660

*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:** DOUGLAS O'DONNELL

**MANAGER**

**02/05/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date