

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057672

Entity Name: MEDCODE, LLC

Current Principal Place of Business:

10531 SUNSET STRIP
SUNRISE, FL 33322

Current Mailing Address:

10531 SUNSET STRIP
SUNRISE, FL 33322

FEI Number: 36-4558890

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEID, ZALIKA
10531 SUNSET STRIP
SUNRISE, FL 33322 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 LEID, ZALIKA
Address 10531 SUNSET STRIP
City-State-Zip: SUNRISE FL 33322

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: ZALIKA LEID

MANAGER

03/21/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date