

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036611

**Entity Name:** AMP MEDICS, LLC

**Current Principal Place of Business:**

8755 WOLF DEN TRAIL  
PORT RICHEY, FL 34668

**Current Mailing Address:**

12121 LITTLE ROAD  
#298  
HUDSON, FL 34667 US

**FEI Number:** 26-4678695

**Certificate of Status Desired:** No

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

GARONE, STEVEN J  
8755 WOLF DEN TRAIL  
PORT RICHEY, FL 34668 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	Title	ASSISTANT MANAGER
Name	GARONE, STEVEN J	Name	GARONE, MARY GRACE ABRAHAM
Address	8755 WOLF DEN TRAIL	Address	8755 WOLF DEN TRAIL
City-State-Zip:	PORT RICHEY FL 34668	City-State-Zip:	PORT RICHEY FL 34668

*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:** STEVEN J. GARONE

**PRESIDENT**

**01/28/2021**

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

\_\_\_\_\_  
Date