

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045637

**Entity Name:** EKSTRA MEDIKAL TRADING EXPORT, IMPORT & CONTRACTING LLC

**Current Principal Place of Business:**

531 SW 18TH AVE  
UNIT 41  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

531 SW 18TH AVE  
UNIT 41  
FT. LAUDERDALE, FL 33312 US

**FEI Number:** 37-1603294

**Certificate of Status Desired:** No

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

SELHEP, SARPER YILDIRIM  
845 N. FORT LAUDERDALE BEACH BLVD.  
FT. LAUDERDALE, FL 33304 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:** SARPER YILDIRIM SELHEP

04/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SELHEP, SARPER YILDIRIM  
Address 531 SW 18TH AVENUE, UNIT 41  
City-State-Zip: FT. LAUDERDALE FL 33312

Title MGRM  
Name SELHEP PEARMAIN, AYSE S  
Address 531 SW 18TH AVENUE, UNIT 41  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGRM  
Name EKSTRA MEDICAL INSAAT DIS  
TICARET VE DANIS  
Address 531 SW 18TH AVENUE, UNIT 41  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** SARPER SELHEP

MGMR

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date