

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000061105

**Entity Name:** HARRIS MEDICAL, LLC

**Current Principal Place of Business:**

9307 SE OLYMPUS STREET  
HOBE SOUND, FL 33455

**Current Mailing Address:**

P.O. BOX 844  
HOBE SOUND, FL 33475 US

**FEI Number: 36-4738240**

**Certificate of Status Desired: No**

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

HARRIS, ROBERT MJR  
20632 WEST GOLDEN ELM DRIVE  
ESTERO, FL 33928 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 HARRIS, ROBERT MJR  
Address P.O. BOX 844  
City-State-Zip: HOBE SOUND FL 33475

Title MGRM  
Name HARRIS, SHARI MAGEN  
Address P.O. BOX 844  
City-State-Zip: HOBE SOUND FL 33475

*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: ROBERT HARRIS**

**MGRM**

**02/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date