

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000059313

**Entity Name:** NATIONAL MEDICAL VENTURES, LLC

**Current Principal Place of Business:**

678 SCARLET OAK CR #102  
ALT SPGS , FL 32701

**Current Mailing Address:**

678 SCARLET OAK CR #102  
ALT SPGS , FL 32701 US

**FEI Number:** 46-5211824

**Certificate of Status Desired:** No

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

BRENNER, LINDA  
678 SCARLET OAK CR #102  
ALT SPGS , FL 32701 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 AMBR  
Name BRENNER, EDWARD  
Address 678 SCARLET OAK CR #102  
City-State-Zip: ALT SPGS FL 32701

Title AMBR  
Name BRENNER, MARC  
Address 678 SCARLET OAK CR #102  
City-State-Zip: ALT SPGS FL 32701

Title AMBR  
Name BRENNER, DAVID  
Address 678 SCARLET OAK CR #102  
City-State-Zip: ALT SPGS FL 32701

Title AMBR  
Name WAGNER, SUSAN  
Address 678 SCARLET OAK CR #102  
City-State-Zip: ALT SPGS FL 32701

*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:** MARC BRENNER

**MGR**

**06/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date