

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080498

**Entity Name:** MEDTOUR LLC

**Current Principal Place of Business:**

2475 NW 95 AVE  
SUITE 2  
DORAL, FL 33172

**Current Mailing Address:**

2475 NW 95 AVE  
SUITE 2  
DORAL, FL 33172 US

**FEI Number:** 81-2435742

**Certificate of Status Desired:** No

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

PILETTI, GIANBATTISTA  
2475 NW 95 AVE  
SUITE 2  
DORAL, FL 33172 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:** GIANBATTISTA PILETTI

03/14/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR.  
Name PILETTI, GIANBATTISTA  
Address 2475 NW 95 AVE  
SUITE 2  
City-State-Zip: DORAL FL 33172

*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:** GIANBATTISTA A PILETTI REYES

MGRMR

03/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date