

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080498

**Entity Name:** MEDTOUR LLC

**Current Principal Place of Business:**

10305 NW 41ST STREET  
SUITE 203  
DORAL, FL 33178

**Current Mailing Address:**

10305 NW 41ST STREET  
SUITE 203  
DORAL, FL 33178 US

**FEI Number:** 81-2435742

**Certificate of Status Desired:** No

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

RINCON, DELIA  
10305 NW 41ST STREET  
SUITE 203  
DORAL, FL 33178 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:** DELIA RINCON

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           RINCON, DELIA  
Address        9900 NW 43RD TER  
City-State-Zip: DORAL FL 33178

*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:** DELIA RINCON

**OWNER**

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date