

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000080498

Entity Name: MEDTOUR LLC

Current Principal Place of Business:

10305 NW 41ST STREET
SUITE 126
DORAL, FL 33178

Current Mailing Address:

10305 NW 41ST STREET
SUITE 126
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 126
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

04/05/2020

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

MANAGER

04/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date