

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000103275

**Entity Name:** ABOVE ALL MEDICAL TRANSPORTATION, LLC

**Current Principal Place of Business:**

2790 SW 34TH AVE  
MIAMI, FL 33133

**Current Mailing Address:**

441 SE THANKSGIVING AVE  
PORT ST LUCIE, FL 34984 US

**FEI Number: 81-2773043**

**Certificate of Status Desired: No**

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

ALVAREZ, ADRIEL  
2790 SW 34TH AVE  
MIAMI, FL 33133 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	P	Title	CFO
Name	ALVAREZ, ADRIEL	Name	ARYAN, NATALIE
Address	2790 SW 34TH AVE	Address	2790 SW 34TH AVE
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133

*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: ADRIEL ALVAREZ**

**PRESIDENT**

**04/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date