

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000117552

**Entity Name:** BANANA WIND MEDICAL GROUP, L.L.C.

**Current Principal Place of Business:**

35 WEST PINE STREET  
218  
ORLANDO, FL 32803

**Current Mailing Address:**

11335 COMMERCIAL STREET  
ORLANDO, FL 32836 US

**FEI Number: 37-1834398**

**Certificate of Status Desired:** Yes

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

SHAVER, ERIC LEE  
35 W. PINE STREET  
SUITE 218  
ORLANDO, FL 32801 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            SHAVER, ERIC LEE  
Address        35 WEST PINE STREET  
City-State-Zip: ORLANDO FL 32803

Title            AMBR  
Name            FOGLE SHAVER, HEATHER JANE  
Address        35 WEST PINE STREET  
City-State-Zip: ORLANDO FL 32803

*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: HEATHER JANE FOGLE SHAVER**

**ADMINISTRATOR**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date