

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000183970

**Entity Name:** MAXXION MEDICAL, LLC

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD., STE. 1200  
MIAMI, FL 33131

**Current Mailing Address:**

6499 POWERLINE RD  
STE 101  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 61-1812730

**Certificate of Status Desired:** No

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

VIP BUSINESS CONSULTING LLC  
6499 POWERLINE RD  
STE 101  
FORT LAUDERDALE, FL 33309 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:** VITOR BIDART

03/15/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BAUMER, RUY S  
Address 201 SOUTH BISCAYNE BLVD., STE.  
1200  
City-State-Zip: MIAMI FL 33131

*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:** RUY S BAUMER

MGR

03/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date