

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000008703

Entity Name: FLEURY MEDICAL, LLC

Current Principal Place of Business:

30423 TRISTANIA COURT
WESLEY CHAPEL, FL 33543

Current Mailing Address:

30423 TRISTANIA COURT
WESLEY CHAPEL, FL 33543 US

FEI Number: 82-4467206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLEURY, ANTHONY R
30423 TRISTANIA COURT
WESLEY CHAPEL, FL 33543 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 MANAGER
Name FLEURY, ANTHONY
Address 30423 TRISTANIA COURT
City-State-Zip: WESLEY CHAPEL FL 33543

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: ANTHONY R FLEURY

MANAGER

04/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date