

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000009685

Entity Name: SAINNOVAL MEDICAL CONSULTING, LLC

Current Principal Place of Business:

1391 NW ST LUCIE WEST BLVD
308
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

3850 13TH AVE N
APT 202
SAINT PETERSBURG, FL 33713 US

FEI Number: 81-5010184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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 CEO
Name SAINNOVAL, SHAWN DR.
Address 1391 NW ST LUCIE WEST BLVD
308
City-State-Zip: PORT SAINT LUCIE FL 34986

Title AMBR
Name SAINNOVAL, SHAWN DR.
Address 1391 NW ST LUCIE WEST BLVD
308
City-State-Zip: PORT SAINT LUCIE FL 34986

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: SHAWN KELLY SAINNOVAL

DR

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date