

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000105135

**Entity Name:** SENSOR MED LLC

**Current Principal Place of Business:**

1300 SW 122 AVE  
111B  
MIAMI, FL 33184

**FILED**  
**Jan 09, 2019**  
**Secretary of State**  
**9078568343CC**

**Current Mailing Address:**

1300 SW 122 AVE  
111B  
MIAMI, FL 33184 US

**FEI Number:** 82-1529701

**Certificate of Status Desired:** No

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

ALONSO, BLANCA  
1300 SW 122 AVE  
111B  
MIAMI, FL 33184 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 MGR  
Name ALONSO, BLANCA  
Address 1300 SW 122 AVE  
111B  
City-State-Zip: MIAMI FL 33184

*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:** BLANCA ALONSO

MGR

01/09/2019

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

\_\_\_\_\_  
Date