

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000156178

Entity Name: SFMED, LLC

Current Principal Place of Business:

695 OAK PARK CIRCLE
MERRITT ISLAND, FL 32953

Current Mailing Address:

1825 PONCE DE LEON BLVD
UNIT 547
CORAL GABLES, FL 33134 US

FEI Number: 82-2229909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK CT STE A
TAMPA, FL 33612 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 MGRM
Name MAJID, SELMA F
Address 695 OAK PARK CIRCLE
City-State-Zip: MERRITT ISLAND FL 32953

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: SELMA MAJID

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04/28/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date