

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000260309

**Entity Name:** MANDUU EMS, LLC

**Current Principal Place of Business:**

201 SE 2ND AVE  
#1101  
MIAMI, FL 33131

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**2306821487CC**

**Current Mailing Address:**

201 SE 2ND AVE  
#1101  
MIAMI, FL 33131 US

**FEI Number:** 82-3842297

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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                     | Title           | MGR                   |
| Name            | URSPRUNGER, MANFRED     | Name            | STRAUSS, OLIVER       |
| Address         | 201 SE 2ND AVE<br>#1101 | Address         | 201 SE 2ND AVE. #1101 |
| City-State-Zip: | MIAMI FL 33131          | 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:** OLIVER STRAUSS

**MANAGER**

**02/07/2019**

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

\_\_\_\_\_ Date