

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000000140

**Entity Name:** NODUS MEDICAL AND PHARMACY SUPPLIES LLC

**Current Principal Place of Business:**

851 NE 1ST AVENUE # 3012  
MIAMI, FL 33132

**Current Mailing Address:**

851 NE 1ST AVENUE # 3012  
MIAMI, FL 33132 US

**FEI Number:** 90-1260966

**Certificate of Status Desired:** No

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

MENDOZA, XILENE  
851 NE 1ST AVENUE # 3012  
MIAMI, FL 33132 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:** XILENE MENDOZA

04/29/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MENDOZA, XILENE  
Address 851 NE 1ST AVENUE # 3012  
City-State-Zip: MIAMI FL 33132

*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:** MENDOZA XILENE

MGR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date