

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000011782

**Entity Name:** SHAONI MEDICAL SOLUTIONS LLC

**Current Principal Place of Business:**

8030 PETERS ROAD  
SUITE D-105  
PLANTATION, FL 33324

**Current Mailing Address:**

8030 PETERS ROAD  
SUITE D-105  
PLANTATION, FL 33324

**FEI Number:** 82-4052962

**Certificate of Status Desired:** No

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

EQUITURN BUSINESS SOLUTIONS INC  
3325 S. UNIVERSITY DRIVE - STE. 200  
DAVIE, FL 33328 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 SOSA, BERIOSKA  
Address 8030 PETERS ROAD,STE D-105  
City-State-Zip: PLANTATION FL 33324

*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:** BERIOSKA SOSA

MGR

03/18/2020

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

\_\_\_\_\_ Date