

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000029012

**Entity Name:** BELMAR MEDICAL LLC

**Current Principal Place of Business:**

5034 STONEBARK COVE  
SANFORD, FL 32771

**Current Mailing Address:**

5034 STONEBARK COVE  
SANFORD, FL 32771 US

**FEI Number:** 82-4489660

**Certificate of Status Desired:** Yes

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

TORO & ASSOCIATES  
250 INTERNATIONAL PARKWAY  
SUITE 212  
HEATHROW, FL 32746 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            AUTHORIZED MEMBER, MANAGER  
Name            IRIZARRY GARCES, BELMAR A DR.  
Address        5034 STONEBARK COVE  
City-State-Zip: SANFORD FL 32771

*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:** DR BELMAR A IRIZARRY GARCES

AUTHORIZED MEMBER,  
MANAGER

07/08/2021

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

\_\_\_\_\_  
Date