

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000108079

**Entity Name:** BLUE SEAS MEDICAL, LLC

**Current Principal Place of Business:**

21 ISLAND ROAD  
STUART, FL 34996

**Current Mailing Address:**

21 ISLAND ROAD  
STUART, FL 34996

**FEI Number:** 82-5446945

**Certificate of Status Desired:** No

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

CHIONG, DIANA M  
21 ISLAND ROAD  
STUART, FL 34996 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	AP
Name	CHIONG, DIANA M	Name	PETRY, FERNANDO
Address	21 ISLAND ROAD	Address	21 ISLAND ROAD
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996

*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:** CHIONG, DIANA M

MGR

06/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date