

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000132569

Entity Name: FI LINTON MEDICAL LLC

Current Principal Place of Business:

2 SOUTH BISCAYNE BOULEVARD
SUITE 200
MIAMI, FL 33131

Current Mailing Address:

2 SOUTH BISCAYNE BOULEVARD
SUITE 200
MIAMI, FL 33131 US

FEI Number: 83-0737349

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
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
Name CHOUKROUN, DIDIER
Address 21 LA GORCE CIRCLE
City-State-Zip: MIAMI BEACH FL 33141

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: DIDIER CHOUKROUN

MANAGER

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date