

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000163296

**Entity Name:** PULMO-MED LLC

**Current Principal Place of Business:**

8213 CLAIRE ANN DR  
205  
ORLANDO, FL 32825

**Current Mailing Address:**

8213 CLAIRE ANN DR  
205  
ORLANDO, FL 32825 US

**FEI Number:** 38-4087302

**Certificate of Status Desired:** No

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

CHACIN, BETULIO J  
8213 CLAIRE ANN DR  
205  
ORLANDO, FL 32825 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:** BETULIO J CHACIN

03/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CHACIN, BETULIO J  
Address 8213 CLAIRE ANN DR  
205  
City-State-Zip: ORLANDO FL 32825

*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:** BETULIO CHACIN

MGRM

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date