

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000175386

**Entity Name:** ABC VEINS LLC

**Current Principal Place of Business:**

20423 SR7 STE F6 #308  
BOCA RATON, FL 33498

**Current Mailing Address:**

20423 SR7 STE F6 #308  
BOCA RATON, FL 33498 US

**FEI Number: 83-1400768**

**Certificate of Status Desired: Yes**

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

KTORRES SERVICES CORP  
600 S FEDERAL HWY  
STE 207  
DEERFIELD BEACH, FL 33441 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	AMBR
Name	DJAMENT, ELI	Name	ZAJDN CORP
Address	22161 CROFTON CT	Address	22161 CROFTON CT
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428

*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: ELI**

**MNGR**

**04/30/2021**

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

\_\_\_\_\_  
Date