

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000214217

**Entity Name:** MWS MEDICAL LLC

**Current Principal Place of Business:**

415 E 6TH AVE WINDERMERE  
ORLANDO, FL 34786

**Current Mailing Address:**

415 E 6TH AVE WINDERMERE  
ORLANDO, FL 34786 US

**FEI Number:** 83-1944373

**Certificate of Status Desired:** Yes

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

SENTOME, MICHAEL  
415 E 6TH AVE WINDERMERE  
ORLANDO, FL 34786 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            AMBR  
Name            SENTOME, MICHAEL  
Address        415 E 6TH AVE WINDERMERE  
City-State-Zip: ORLANDO FL 34786

*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:** MICHAEL SENTOME

MR

02/11/2024

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

\_\_\_\_\_ Date