

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000218312

Entity Name: ACE MEDICAL SERVICES LLC

Current Principal Place of Business:

13427 SW 43RD LN
MIAMI, FL 33175

Current Mailing Address:

13427 SW 43RD LN
MIAMI, FL 33175 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RENGIFO, ALEXANDER
13427 SW 43RD LN
MIAMI, FL 33175 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 RENGIFO, ALEXANDER
Address 13427 SW 43RD LN
City-State-Zip: MIAMI FL 33175

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: ALEXANDER RENGIFO

MEMBER

05/15/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date