10820 W 33 V HILEAH, FL	WAY			
The above nan	ned entity submits this statement for the purpose of ch	anging its registered office or re	gistered agent, or both, in the State of	Florida.
SIGNATUR	E: MICKEY FUENTES			03/04/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title	AUTHORIZED MEMBER	
Name	FUENTES, MICKEY	Name	VALLS, PRISCILLA	
Address	10820 W 33 WAY	Address	10820 W 33 WAY	

City-State-Zip:

HILEAH FL 33018

**Current Principal Place of Business:** 10820 W 33 WAY HILEAH, FL 33018

### **Current Mailing Address:**

DOCUMENT# L19000037398

10820 W 33 WAY HILEAH, FL 33018 US

## FEI Number: 83-3594742

City-State-Zip: HILEAH FL 33018

## Name and Address of Current Registered Agent:

Entity Name: NATIVE ELEMENT MEDICAL LLC

FUENTES, MICKEY 10820 \ HILEAH

# 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: MICKEY FUENTES

CEO

03/04/2021 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 04, 2021 Secretary of State 9146047751CC

Certificate of Status Desired: Yes

# 2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT