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: NATALIYA KALAVA

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 

2819 W LEILA AVE TAMPA FL 33611 US

375 S 12TH ST TAMPA, FL 33602

## FEI Number: 83-3939986

## Name and Address of Current Registered Agent:

KALAVA, NATALIYA 2819 W LEILA AVE TAMPA, FL 33611 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

# Authorized Person(s) Detail :

| Title           | OWNER            | Title           | CEO              |
|-----------------|------------------|-----------------|------------------|
| Name            | KALAVA, NATALIYA | Name            | KALAVA, ARUN     |
| Address         | 2819 W LEILA AVE | Address         | 2819 W LEILA AVE |
| City-State-Zip: | TAMPA FL 33611   | City-State-Zip: | TAMPA FL 33611   |

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000062400

Entity Name: ULTRASOUND EXPERTS LLC

## **Current Principal Place of Business:**

Certificate of Status Desired: No

Date

04/01/2022 Date

FILED Apr 01, 2022 Secretary of State 8589331179CC

MANAGER