

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000188855

**Entity Name:** APOGEE MEDICAL SUPPLIES USA LLC

**Current Principal Place of Business:**

301 SE 3RD STREET  
APT 503  
DANIA, FL 33004

**Current Mailing Address:**

301 SE 3RD STREET  
APT 503  
DANIA, FL 33004 US

**FEI Number:** 32-0607451

**Certificate of Status Desired:** No

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

TACORONTE, BERNARDO C  
8500 WEST FLAGLER STREET  
SUITE B208  
MIAMI, FL 33144 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 MEMBER  
Name SEBALE PTE LTD  
Address 160 ROBINSON RD. #26-03 SPORE  
BUSINESS FEDERATION CNT.  
City-State-Zip: SINGAPORE SINGAPORE 068914

Title MGR  
Name OLIVEIRA MASSAGLI, GUSTAVO  
Address 8500 WEST FLAGLER STREET STE  
B208  
City-State-Zip: MIAMI FL 33144

*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:** OLIVEIRA MASSAGLI , GUSTAVO

MGR

04/25/2023

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

\_\_\_\_\_  
Date