

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000204644

**Entity Name:** MED SAP, LLC

**Current Principal Place of Business:**

10005 WINDING LAKE RD  
BLDG 3 #105  
SUNRISE, FL 33351

**Current Mailing Address:**

1265 S. PINE ISLAND RD  
PLANTATION, FL 33324 US

**FEI Number:** 35-2684998

**Certificate of Status Desired:** No

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

LAMADRID FINANCIAL SERVICES CORP  
1265 S. PINE ISLAND RD  
PLANTATION, FL 33324 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:** ALEXIS LAMADRID

09/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SAPIA, CLAUDIA	Name	MEDINA, GLADYS
Address	10005 WINDING LAKE RD	Address	10005 WINDING LAKE RD BLDG 3 #105
City-State-Zip:	BLDG 3 #105 FL 33351	City-State-Zip:	SUNRISE FL 33351

*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:** GLADYS L MEDINA

MGR

09/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date