

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000076246

**Entity Name:** BML MEDICAL, LLC

**Current Principal Place of Business:**

4428, CHASTAIN DRIVE  
MELBOURNE, FL 32940

**Current Mailing Address:**

4428, CHASTAIN DRIVE  
MELBOURNE, FL 32940 US

**FEI Number:** 84-5145263

**Certificate of Status Desired:** Yes

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

BLOCH, MARCOS D  
4428 CHASTAIN DR  
MELBOURNE, FL 32940 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 MGR  
Name DAVID BLOCH, MARCOS  
Address 4428, CHASTAIN DRIVE  
City-State-Zip: MELBOURNE FL 32940

Title ASSOCIATE  
Name DAVID BLOCH, LEILA PHD  
Address RUA JOAQUIM FLORIANO, 72  
CJ 37 AND 38  
City-State-Zip: SÃO PAULO SÃO PAULO 04534-000

*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:** MARCOS DAVID BLOCH

MGR

03/16/2022

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

\_\_\_\_\_ Date