

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000173895

**Entity Name:** MEDICOLOGY LLC

**Current Principal Place of Business:**

1310 GULF BLVD.  
APT. 15A  
CLEARWATER, FL 33767

**Current Mailing Address:**

1310 GULF BLVD.  
APT. 15A  
CLEARWATER, FL 33767

**FEI Number:** 85-2501443

**Certificate of Status Desired:** No

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

BAYERN, STEVEN  
1310 GULF BLVD.  
APT. 15A  
CLEARWATER, FL 33767 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	AMBR
Name	HAUSKNECHT, ALLAN
Address	301 FRANKLIN AVENUE
City-State-Zip:	HEWLETT NY 11557
Title	AMBR
Name	BAYERN, STEVEN
Address	1310 GULF BLVD., APT. 15A
City-State-Zip:	CLEARWATER FL 33767

Title	AMBR
Name	SHIELDS, LAWRENCE
Address	301 FRANKLIN AVENUE
City-State-Zip:	HEWLETT NY 11557
Title	AUTHORIZED REPRESENTATIVE
Name	HAUSKNECHT, DANIELLE
Address	3303 BRIDGEWOOD DRIVE
City-State-Zip:	BOCA RATON FL 33434

*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:** DANIELLE HAUSKNECHT

**AUTHORIZED REPRESENTATIVE**

01/27/2024

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

\_\_\_\_\_  
Date