

**2021 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

*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: STEVEN BAYERN**

**AMBR**

**04/03/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date