

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000247663

**Entity Name:** AWE MEDICAL GROUP LLC.

**Current Principal Place of Business:**

100 SE 2ND STREET  
SUITE 2300  
MIAMI, FL 33131

**Current Mailing Address:**

100 SE 2ND STREET  
SUITE 2300  
MIAMI, FL 33131 US

**FEI Number:** 85-2711294

**Certificate of Status Desired:** No

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

DIAZ,REUS & TARG, LLP  
100 SE 2ND TREET  
SUITE 3400  
MIAMI, FL 33131 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	Title	MGR
Name	LEVY, LEON	Name	SABARIS, JOAQUIN
Address	100 SE 2ND STREET SUITE 2300	Address	100 SE 2ND STREET SUITE 2300
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** LEON LEVY

**MANAGER**

**01/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date