

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000259866

Entity Name: MDS QUALITY PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

1450 SW MALAGA AVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1450 SW MALAGA AVE
PORT SAINT LUCIE, FL 34953 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAXPEOPLE LLC
2855 SW BRIGHTON ST
PORT SAINT LUCIE, FL 34953 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 MEDINA DA SILVA, FABIANO
Address 1450 SW MALAGA AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

Title AMBR
Name LOPEZ, EDNEIA
Address 1450 SW MALAGA AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

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: MEDINA DA SILVA , FABIANO

AMBR

05/01/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date