

**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