

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000283023

**Entity Name:** MAVLET MEDICAL LLC

**Current Principal Place of Business:**

141 NW 20TH ST  
G2  
BOCA RATON, FL 33431

**FILED**  
**Mar 17, 2022**  
**Secretary of State**  
**9850698202CC**

**Current Mailing Address:**

1645 RENAISSANCE COMMONS BLVD  
1509  
BOYNTON BEACH, FL 33426 US

**FEI Number: 85-3114852**

**Certificate of Status Desired: No**

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

LEIZGOLD, EYAL  
1645 RENAISSANCE COMMONS BLVD  
1509  
BOYNTON BEACH, FL 33426 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            PRESIDENT  
Name            LEIZGOLD, EYAL  
Address         1645 RENAISSANCE COMMONS BLVD  
                  1509  
City-State-Zip: BOYNTON BEACH FL 33426

*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: EYAL LEIZGOLD**

**OWNER**

**03/17/2022**

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

\_\_\_\_\_  
Date