

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000314268

Entity Name: ARTHIMED USA LLC

Current Principal Place of Business:

10463 NW 66 ST
DORAL, FL 33178

Current Mailing Address:

2350 NW 93RD AVE
DORAL, FL 33172 UN

FEI Number: 86-1468988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUINELLATO, VERNON
2350 NW 93RD AVE
DORAL, FL 33172 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 MANAGING MEMBER
Name QUINELLATO, VERNON
Address 2350 NW 93RD AVE
City-State-Zip: DORAL FL 33172

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: VERNON QUINELLATO

MANAGING MEMBER

10/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date