

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000314268

**Entity Name:** ARTHIMED USA LLC

**Current Principal Place of Business:**

16792 NW 14TH CT  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

16792 NW 14TH CT  
PEMBROKE PINES, FL 33028 US

**FEI Number: 86-1468988**

**Certificate of Status Desired: No**

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

QUINELLATO DE OLIVEIRA, VERNON  
16792 NW 14TH CT  
PEMBROKE PINES, FL 33028 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:** VERNON QUINELLATO DE OLIVEIRA

04/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           QUINELLATO DE OLIVEIRA, VERNON  
Address        16792 NW 14TH CT  
City-State-Zip: PEMBROKE PINES FL 33028

*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 DE OLIVEIRA

MANAGER

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date