

**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