

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000050791

Entity Name: ML FACILITY, LLC

Current Principal Place of Business:

12016 MATLACHA BLVD.
CAPE CORAL, FL 33991

Current Mailing Address:

12016 MATLACHA BLVD.
CAPE CORAL, FL 33991 US

FEI Number: 86-2491817

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BART SCHOVILL, PLC
2480 FRUITVILLE ROAD, SUITE 10
SARASOTA, FL 34237 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 SW-MEDICAL-SUPPLY, LLC
Address 12016 MATLACHA BLVD.
City-State-Zip: CAPE CORAL FL 33991

Title MGR
Name LANGFELD, STEPHAN
Address 12016 MATLACHA BLVD.
City-State-Zip: CAPE CORAL FL 33991

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: STEPHAN LANGFELD

MANAGER

04/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date