

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000067026

Entity Name: QUICKMED FINANCIALS LLC**Current Principal Place of Business:**5723 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652**Current Mailing Address:**5723 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EMANDI, VENKATA R
5723 WEST SHORE DRIVE
NEW PORT RICHEY, FL 34652 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 | EMANDI, VENKATA R |
| Address | 5723 WEST SHORE DRIVE |
| City-State-Zip: | NEW PORT RICHEY FL 34652 |

| | |
|-----------------|--------------------------|
| Title | MGRM |
| Name | EMANDI, SANJAY |
| Address | 5723 WEST SHORE DR. |
| City-State-Zip: | NEW PORT RICHEY FL 34652 |

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|-----------------|--------------------------|
| Title | MGRM |
| Name | EMANDI, RANI |
| Address | 5723 WEST SHORE DR |
| City-State-Zip: | NEW PORT RICHEY FL 34652 |

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: VENKATA R EMANDI

AMBR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date