

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000152466

**Entity Name:** MEDTOPS LLC

**Current Principal Place of Business:**

1329 QUIET COVE CT  
GULF BREEZE, FL 32563

**Current Mailing Address:**

1329 QUIET COVE CT  
GULF BREEZE, FL 32563

**FEI Number:** 86-2997829

**Certificate of Status Desired:** No

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

CARRON, RYAN T  
1329 QUIET COVE CT  
GULF BREEZE, FL 32563 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	MGR	Title	CHIEF TECHNICAL OFFICER
Name	CARRON, RYAN T	Name	GREER, ALAN
Address	1329 QUIET COVE CT	Address	1527 PETERS CREEK RD
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GREEN COVE SPRINGS FL 32043

*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:** RYAN T. CARRON

**FOUNDER**

**02/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date