

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000190202

**Entity Name:** JACE MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

2449 MIDDLE RIVER DRIVE  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

2449 MIDDLE RIVER DRIVE  
FORT LAUDERDALE, FL 33305 US

**FEI Number: 88-2437733**

**Certificate of Status Desired: Yes**

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

TJ, WALSH  
100 SE 3RD AVE  
10TH FLOOR  
FORT LAUDERDALE , FL 33394 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:** TJ WALSH

03/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SABBOTA, LAUREN  
Address 2449 MIDDLE RIVER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33305

*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:** LAUREN SABBOTA

CEO

03/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date