## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000218845

**Entity Name: AMMG RESEARCH LLC** 

**Current Principal Place of Business:** 

12350 NW 39TH STREET SUITE 200 CORAL SPRINGS, FL 33065

**Current Mailing Address:** 

**12350 NW 39TH STREET** SUITE 200 CORAL SPRINGS, FL 33065 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ATHENA MEDICAL MANAGEMENT GROUP LLC 12350 NW 39TH STREET SUITE 200 CORAL SPRINGS, FL 33065 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

**FILED** May 01, 2025

**Secretary of State** 

1197608389CC

## Authorized Person(s) Detail:

Title **AMBR** 

ATHENA MEDICAL MANAGEMENT Name

**GROUP LLC** 

Address 12350 NW 39TH STREET, SUITE 200

City-State-Zip: CORAL SPRINGS FL 33065

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.

05/01/2025 SIGNATURE: LEONID HEART AR