## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000228608

Entity Name: ARTHEON MEDICAL LLC

**Current Principal Place of Business:** 

1107 EAST JACKSON STREET

SUITE 206 TAMPA, FL 33602

**Current Mailing Address:** 

1107 EAST JACKSON STREET SUITE 206 TAMPA, FL 33602 US

FEI Number: 88-2244518 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BOLARIS, GEORGE** 1107 EAST JACKSON STREET SUITE 206 TAMPA, FL 33602 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** Feb 09, 2024

**Secretary of State** 

2913940906CC

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

**BOLARIS, GEORGE** Name Name FREY, JACK

1107 EAST JACKSON STREET, SUITE 1107 EAST JACKSON STREET, SUITE Address Address

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

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.

Electronic Signature of Signing Authorized Person(s) Detail