

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000430936

Entity Name: LOST CITY MEDICAL SERVICES L.L.C.

Current Principal Place of Business:

23 BOUGAINVILLEA DR
COCOA BEACH, FL 32931

Current Mailing Address:

23 BOUGAINVILLEA DR
COCOA BEACH, FL 32931 US

FEI Number: 88-4160196

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO, FL 32822 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 RICE, SHANNON
Address 23 BOUGAINVILLEA DR
City-State-Zip: COCOA BEACH FL 32931

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: SHANNON RICE _____

PRESIDENT

01/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date