

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000497725

Entity Name: FLEITAS AVANCE WOUND CARE LLC

Current Principal Place of Business:

720 SW 60TH CT
MIAMI, FL 33144

Current Mailing Address:

720 SW 60TH CT
MIAMI, FL 33144

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZURESTER, FLEITAS SR
720 SW 60TH CT
MIAMI, FL 33144 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
Name FLEITAS, ZURESTER
Address 720 SW 60TH CT
City-State-Zip: MIAMI FL 33144

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: ZURESTER FLEITAS

OWNER

01/15/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date