

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000309513

Entity Name: MEDTOUR 2 LLC

Current Principal Place of Business:

10305 NW 41ST STREET
SUITE 203
DORAL, FL 33178

Current Mailing Address:

10305 NW 41ST STREET
SUITE 203
DORAL, FL 33178

FEI Number: 93-2243162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URDANETA, ANDREA C
10305 NW 41ST STREET SUITE 203
DORAL, FL 33178 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	Title	MGR
Name	URDANETA, ANDREA C	Name	MEDTOUR LLC
Address	10305 NW 41ST STREET SUITE 203	Address	10305 NW 41ST STREET SUITE 203
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

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: ANDREA URDANETA

MEMBER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date