

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000433340

**Entity Name:** SYKES MEDICAL & LABORATORY SOLUTIONS, LLC

**Current Principal Place of Business:**

10347 CROSS CREEK BLVD STE D  
TAMPA, FL 33647

**Current Mailing Address:**

3305 BRIDGE HAVEN DR  
WESLEY CHAPEL, FL 33543 US

**FEI Number: 93-3447000**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SYKES, SHELITA  
10347 CROSS CREEK BLVD STE D  
TAMPA, FL 33647 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            CEO  
Name            SYKES, SHELITA  
Address        3305 BRIDGE HAVEN DR  
City-State-Zip: WESLEY CHAPEL FL 33543

Title            CEO  
Name            ASAD, ERIKA  
Address        3305 BRIDGE HAVEN DR  
City-State-Zip: WESLEY CHAPEL FL 33543

*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: SHELITA SYKES**

**CEO**

**03/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date