

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000538678

**Entity Name:** AMEDICALZ LLC

**Current Principal Place of Business:**

4255 73RD AVE NORTH  
F  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

4255 73RD AVE NORTH  
F  
PINELLAS PARK, FL 33781

**FEI Number:** 85-3012308

**Certificate of Status Desired:** No

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

VALDES, EZEQUIEL SR  
4255 73RD AVE NORTH  
F  
PINELLAS PARK, FL 33781 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 VALDES, EZEQUIEL SR  
Address 107 4TH NE  
City-State-Zip: RUSKIN FL 33750

*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:** EZEQUIEL VALDES

MGR

02/23/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date