

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000000606

**Entity Name:** AIRONE MED, LLC

**Current Principal Place of Business:**

4106 W LAKE MARY BLVD STE 301  
LAKE MARY, FL 32746

**Current Mailing Address:**

4106 W LAKE MARY BLVD STE 301  
LAKE MARY, FL 32746 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RODRIGUEZ , NICOLE  
4106 W LAKE MARY BLVD STE 301  
LAKE MARY, FL 32746 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:** NICOLE RODRIGUEZ

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RODRIGUEZ, NICOLE  
Address 4106 W LAKE MARY BLVD STE 301  
City-State-Zip: LAKE MARY FL 32746

*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:** NICOLE RODRIGUEZ

MGR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date