

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009450

Entity Name: CONVALUISSET MEDICAL, LLC

Current Principal Place of Business:

1000 N WEST STREET STE PMB 1859
SUITE 1200
WILMINGTON, DE 19801-1058

Current Mailing Address:

1000 N WEST STREET STE PMB 1859
SUITE 1200
WILMINGTON, DE 19801-1058 US

FEI Number: 61-1851328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name COSTELLO, NEIL
Address 1000 N WEST STREET STE PMB 1859
 SUITE 1200
City-State-Zip: WILMINGTON DE 19801-1058

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: NEIL COSTELLO

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date