

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000005781

**Entity Name:** MARRICK MEDICAL FINANCE, LLC

**Current Principal Place of Business:**

4950 S YOSEMITE STREET, F2 #514  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

4950 S. YOSEMITE STREET F2, #514  
GREENWOOD VILLAGE, CO 80111 US

**FEI Number:** 20-8059557

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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	MEMBER	Title	MEMBER
Name	MANTHE, NAUL	Name	RICKEL, PAUL
Address	4950 S YOSEMITE STREET, F2 #514	Address	4950 S YOSEMITE STREET, F2 #514
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111

*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:** NAUL MANTHE

MEMBER

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date