## **2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112348

**Entity Name: HOUSE MEDICS LLC** 

**Current Principal Place of Business:** 

23951 NE 187TH PLACE SALT SPRINGS. FL 32134

**Current Mailing Address:** 

P.O. BOX 5506

SALT SPRINGS. FL 32134 US

FEI Number: 26-1873712 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSH, MATTHEW PHILLIP 23951 NE 187TH PLACE SALT SPRINGS, FL 32134 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: MATTHEW BUSH 05/04/2020

Electronic Signature of Registered Agent

Date

FILED May 04, 2020

**Secretary of State** 

9570089572CC

## Authorized Person(s) Detail:

Title MGR

Name BUSH, MATTHEW PHILLIP
Address 23951 NE 187TH PLACE
City-State-Zip: SALT SPRINGS FL 32134

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail