## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000056991

**Entity Name: MITEC MEDICAL LLC** 

**Current Principal Place of Business:** 

1870 ALOMA AVE

SUITE 250 WINTER PARK, FL 32789

**Current Mailing Address:** 

**PO BOX 907** 

WINTER PARK, FL 32790 US

FEI Number: 90-0497502 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COELHO, DANIEL 1870 ALOMA AVE SUITE 250 WINTER PARK, FL 32789 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

FILED Feb 28, 2020

**Secretary of State** 

5146173230CC

Authorized Person(s) Detail:

TitleMANAGERTitleMANAGERNameCOELHO, DANIEL SR.NameCOELHO, RUIAddressPO BOX 907AddressPO BOX 907

City-State-Zip: WINTER PARK FL 32790 City-State-Zip: WINTER PARK FL 32790

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: DANIEL COELHO

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER 02/28/2020

Date