

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132789

**Entity Name:** SCHNELL MEDICAL, LLC

**Current Principal Place of Business:**

422 BLACK SPRINGS LANE  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

422 BLACK SPRINGS LANE  
WINTER GARDEN, FL 34787 US

**FEI Number:** 45-4131106

**Certificate of Status Desired:** No

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

GILLEY, PAMELA S  
422 BLACK SPRINGS LANE  
WINTER GARDEN, FL 34787 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           GILLEY, PAMELA S  
Address        422 BLACK SPRINGS LANE  
City-State-Zip: WINTER GARDEN FL 34787

*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:** PAMELA GILLEY

**MANAGER**

**03/02/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date