

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000046321

**Entity Name:** GOMEZ ORTHOTIC SYSTEMS, LLC

**Current Principal Place of Business:**

4737 DOLPHIN CAY LANE S.  
B303  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

4737 DOLPHIN CAY LANE S.  
B303  
ST. PETERSBURG, FL 33711 US

**FEI Number:** 20-8061007

**Certificate of Status Desired:** No

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

GOMEZ, JOSE M  
4737 DOLPHIN CAY LANE S  
B303  
ST PETERSBURG, FL 33711 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           | MGRM                           | Title           | MANAGER                     |
| Name            | GOMEZ, JOSE M                  | Name            | GOMEZ ROJAS, ANGELA         |
| Address         | 4737 DOLPHIN CAY LANE S., B303 | Address         | 4737 DOLPHIN CAY LANE SOUTH |
| City-State-Zip: | ST PETERSBURG FL 33711         | City-State-Zip: | ST. PETERSBURG FL 33711     |

*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:** JOSE MIGUEL GOMEZ

**PRESIDENT**

**02/15/2024**

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

\_\_\_\_\_  
Date