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.

OWNER

SIGNATURE: GOMEZ, JOSE M

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY 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

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Authorized Person(s) Detail ·

Authorized Ferson(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

FILED Jan 12, 2024 Secretary of State 3474648449CC

Certificate of Status Desired: No

01/12/2024 Date

Date