

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000061267

**Entity Name:** VIETMED LLC

**Current Principal Place of Business:**

2120 HILLCREST ST  
ORLANDO, FL 32803

**Current Mailing Address:**

2508 SW 35TH PLACE, #128  
GAINESVILLE, FL 32608 US

**FEI Number:** 46-2643462

**Certificate of Status Desired:** No

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

NGUYEN, VIETDUNG  
2508 SW 35TH PLACE #128  
GAINESVILLE, FL 32608 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  
Name NGUYEN, VIETDUNG  
Address 2508 SW 35TH PLACE, #128  
City-State-Zip: GAINESVILLE FL 32608

*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:** VIETDUNG NGUYEN

MANAGER

01/19/2023

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

\_\_\_\_\_ Date