

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000013213

Entity Name: MORELAND MEDICAL LLC

Current Principal Place of Business:

505 BEACHLAND BLVD
SUITE 1-130
VERO BEACH, FL 32963

Current Mailing Address:

505 BEACHLAND BLVD
SUITE 1-130
VERO BEACH, FL 32963 US

FEI Number: 46-5252501

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORELAND, DOUGLAS W
505 BEACHLAND BLVD
SUITE 1-130
VERO BEACH, FL 32963 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, AUTHORIZED MEMBER
Name MORELAND, DOUGLAS W
Address 505 BEACHLAND BLVD
 SUITE 1-130
City-State-Zip: VERO BEACH FL 32963

Title MANAGER, AUTHORIZED MEMBER
Name MORELAND, JULIE A
Address 505 BEACHLAND BLVD
 SUITE 1-130
City-State-Zip: VERO BEACH FL 32963

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: DOUGLAS MORELAND

MANAGER, AUTHORIZED MEMBER 02/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date