

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000029185

Entity Name: TOWERS MEDICAL, LLC

Current Principal Place of Business:

4581 WESTON RD
157
WESTON, FL 33331

Current Mailing Address:

4581 WESTON RD
157
WESTON, FL 33331 US

FEI Number: 46-4884814

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TORRES, ERNESTO V
4581 WESTON RD
157
WESTON, FL 33331 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: ERNESTO V TORRES

12/11/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TORRES, ERNESTO V
Address 4581 WESTON RD
157
City-State-Zip: WESTON FL 33331

Title MGR
Name MOROTE, LILIA G
Address 4581 WESTON RD
157
City-State-Zip: WESTON FL 33331

Title COO
Name RAMIREZ, CARLOS
Address 4581 WESTON RD
157
City-State-Zip: WESTON FL 33331

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: CARLOS RAMIREZ

COO

12/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date