

**2021 FLORIDA LIMITED LIABILITY COMPANY 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:** Yes**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

02/01/2021

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

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date