

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000193451

Entity Name: POWER MED LLC

Current Principal Place of Business:

3841 RUDDER WAY
NEW PORT RICHEY, FL 34652

Current Mailing Address:

PO BOX 160
NEW PORT RICHEY, FL 34650 US

FEI Number: 47-2768049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOSTYLA, SCOTT A
3841 RUDDER WAY
NEW PORT RICHEY, FL 34652 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 MGR
Name GOSTYLA, SCOTT ALAN
Address 3841 RUDDER WAY
City-State-Zip: NEW PORT RICHEY FL 34652

Title MGR
Name WILSON, JESSICA ANN
Address 3841 RUDDER WAY
City-State-Zip: NEW PORT RICHEY FL 34652

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: SCOTT GOSTYLA

MGR

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date