

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000193451

Entity Name: POWER MED LLC

Current Principal Place of Business:

10504 PONTOFINO CIRCLE
TRINITY, FL 34655

Current Mailing Address:

10504 PONTOFINO CIRCLE
TRINITY, FL 34655 US

FEI Number: 47-2768049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOSTYLA, SCOTT A
10504 PONTOFINO CIRCLE
TRINITY, FL 34655 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
Address 10504 PONTOFINO CIRCLE
City-State-Zip: TRINITY FL 34655

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 A GOSTYLA

MGR

03/04/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date