## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000186250

**Entity Name: MEDELITE SOLUTIONS LLC** 

**Current Principal Place of Business:** 

1804 SCARLETT BLVD LYNN HAVEN. FL 32444

## **Current Mailing Address:**

1804 SCARLETT BLVD LYNN HAVEN, FL 32444

FEI Number: 47-5383346 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KELLEY, TINA L 1804 SCARLETT BLVD LYNN HAVEN, FL 32444 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

FILED Apr 04, 2025

**Secretary of State** 

7593024893CC

## Authorized Person(s) Detail:

Title AMBR

Name KELLEY, TINA L

Address 1804 SCARLETT BLVD
City-State-Zip: LYNN HAVEN FL 32444

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: TINA L KELLEY

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

04/04/2025

Date