

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000192071

Entity Name: AENDIRA MEDICAL LLC

Current Principal Place of Business:

1675 HANCOCK RD STE 300
CLERMONT, FL 34711

Current Mailing Address:

1675 HANCOCK RD STE 300
CLERMONT, FL 34711 US

FEI Number: 81-4240700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERGUSON, ADRIANNE
1675 HANCOCK RD STE 300
CLERMONT, FL 34711 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 MANAGER
Name FERGUSON, ADRIANNE
Address 1675 HANCOCK RD STE 300
City-State-Zip: CLERMONT FL 34711

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: ADRIANNE FERGUSON

MANAGER

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date