

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000013914

Entity Name: NUMVMNT MEDICAL LLC

Current Principal Place of Business:

19 MIRUELA AVE.
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

19 MIRUELA AVE.
SAINT AUGUSTINE, FL 32080 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTFIELD, JOHN
111 ARREDONDO
SAINT AUGUSTINE, FL 32080 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: JOHN WESTFIELD

07/28/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BOND, MATTHEW
Address 19 MIRUELA AVE.
City-State-Zip: SAINT AUGUSTINE FL 32080

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: MATTHEW BOND

MANAGER

07/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date