2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2025
Secretary of State
6652373541CC

DOCUMENT# L18000016980

Entity Name: MEDILIFE WESTON LLC

Current Principal Place of Business:

4705 SW VOLUNTEER RD
SUITE 102
DAVIE, FL 33330

Current Mailing Address:

4705 SW VOLUNTEER RD
SUITE 102
DAVIE, FL 33330 US

FEI Number: 82-4066292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FABREGAS, HECTOR
1740 LAKESHORE DRIVE
WESTON, FL 33326 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	FABREGAS, HECTOR
Address	1740 LAKESHORE DRIVE
City-State-Zip:	WESTON FL 33326

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: HECTOR FABREGAS MANAGER 02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date