

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000089506

**Entity Name:** MEZEZI, LLC

**Current Principal Place of Business:**

16700 GULF BLVD.  
#221  
NORTH REDINGTON, FL 33708

**Current Mailing Address:**

16700 GULF BLVD.  
#221  
NORTH REDINGTON, FL 33708

**FEI Number:** 98-0573497

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MEZEZI, MONICA  
16700 GULF BLVD.  
#221  
NORTH REDINGTON, FL 33708 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 AMBR  
Name PINOMEDICAL, INC., A DELAWARE CORPORATION  
Address 16700 GULF BLVD., #221  
City-State-Zip: NORTH REDINGTON FL 33708

*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:** MONICA MEZEZI

**PRESIDENT**

**01/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date