

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000252450

**Entity Name:** SUNDIAL MEDICAL, LLC

**Current Principal Place of Business:**

118 17TH AVE N  
SAINT PETERSBURG, FL 33704

**Current Mailing Address:**

118 17TH AVE N  
SAINT PETERSBURG, FL 33704 US

**FEI Number: 83-2381079**

**Certificate of Status Desired: Yes**

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

DIMARCO & ASSOCIATES, CPAS, PA  
220 PINE AVE N  
SUITE A  
OLDSMAR, FL 34677 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            COHILL, BRITTANY  
Address        118 17TH AVE N  
City-State-Zip: SAINT PETERSBURG FL 33704

Title            AMBR  
Name            NELSON, CHRIS  
Address        118 17TH AVE N  
City-State-Zip: SAINT PETERSBURG FL 33704

*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: BRITTANY COHILL**

**OWNER**

**03/28/2019**

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

\_\_\_\_\_  
Date