

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000274407

Entity Name: ALPHA ZULU MEDICAL L.L.C.

Current Principal Place of Business:

565 LEEWAY TRAIL
ORMOND BEACH, FL 32174

Current Mailing Address:

565 LEEWAY TRAIL
ORMOND BEACH, FL 32174

FEI Number: 83-2777103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILAM, KRISTY
565 LEEWAY TRAIL
ORMOND BEACH, FL 32174 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 MILAM, KRISTY
Address 565 LEEWAY TRAIL
City-State-Zip: ORMOND BEACH FL 32174

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: KRISTY MILAM

04/24/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date