

**2020 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

06/22/2020

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

\_\_\_\_\_ Date