

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000179727

Entity Name: HELIO MEDICA LLC

Current Principal Place of Business:

2181 NE 27TH DR.
WILTON MANORS, FL 33306

Current Mailing Address:

2181 NE 27TH DR.
WILTON MANORS, FL 33306 US

FEI Number: 84-2553154

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKEAN, HEATHER E
2181 NE 27TH DR.
WILTON MANORS, FL 33306 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 CEO
Name MCKEAN, HEATHER E
Address 2181 NE 27TH DR.
City-State-Zip: WILTON MANORS FL 33306

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: HEATHER MCKEAN

CEO

06/19/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date