

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000204700

**Entity Name:** MEDLUXE LLC

**Current Principal Place of Business:**

8205 PARTRIDGE RUN DR  
LAKE WALES, FL 33859

**Current Mailing Address:**

PO BOX 9403  
WINTER HAVEN, FL 33883

**FEI Number: 84-2751058**

**Certificate of Status Desired: No**

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

CUYLER, LATOYA S  
8205 PARTRIDGE RUN DR  
LAKE WALES, FL 33859 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            CUYLER, LATOYA S  
Address        8205 PARTRIDGE RUN DR  
City-State-Zip: LAKE WALES FL 33859

*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: LATOYA CUYLER**

**CEO**

**03/20/2021**

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

\_\_\_\_\_  
Date