## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L19000207975

Entity Name: JAMI MEDICAL INTUITIVE LLC

### **Current Principal Place of Business:**

2601 E GORE ST ORLANDO, FL 32806

### **Current Mailing Address:**

2601 E GORE ST ORLANDO, FL 32806 US

#### FEI Number: 84-2794952

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

BENJAMIN H. MOORE, CPA, PA 720 N MAITLAND AVE STE 105 SUITE 400 MAITLAND, FL 32751 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: BENJAMIN H. MOORE, CPA

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

TitleAMBRNameCHESHIRE, JAMIAddress1975 WALDO STCity-State-Zip:ORLANDO FL 32806

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	JAMI CHESHIRE	OWNER	04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 30, 2021 Secretary of State 9121667972CC

Certificate of Status Desired: No

04/30/2021 Date

Date