

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000235898

**Entity Name:** TBS MEDICAL LLC

**Current Principal Place of Business:**

7135 COLLINS AVENUE  
1702  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

7135 COLLINS AVENUE  
1702  
MIAMI BEACH, FL 33141 US

**FEI Number:** 84-3357234

**Certificate of Status Desired:** No

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

POYER, PAULA  
7135 COLLINS AVENUE  
1702  
MIAMI BEACH, FL 33141 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 TERRY, TEMOER  
Address 434 MILLERS LANE  
City-State-Zip: MCPHERSON KS 67460

Title MGR  
Name TERRY, DALE  
Address 434 MILLERS LANE  
City-State-Zip: MCPHERSON KS 67460

*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:** TEMOER TERRY

**MEMBER**

**02/05/2020**

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

\_\_\_\_\_  
Date