

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000280364

Entity Name: FLOOR GRIP MEDIC LLC

Current Principal Place of Business:

8196 CABIN LAKE CIRCLE UNIT 110
JACKSONVILLE, FL 32256

Current Mailing Address:

8196 CABIN LAKE CIRCLE UNIT 110
JACKSONVILLE, FL 32256 US

FEI Number: 84-3636193

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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 VALENTIN, ROBERT P
Address 8196 CABIN LAKE CIRCLE UNIT 110
City-State-Zip: JACKSONVILLE FL 32256

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: ROBERT VALENTIN

OWNER

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date