

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000220766

**Entity Name:** CEDRUSMED LLC

**Current Principal Place of Business:**

2224 SE 2ND ST  
HOMESTEAD, FL 33033

**Current Mailing Address:**

2224 SE 2ND ST  
HOMESTEAD, FL 33033 US

**FEI Number: 85-2159564**

**Certificate of Status Desired: No**

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

INDA, EIKEL  
2224 SE 2ND ST  
HOMESTEAD, FL 33033 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	Title	MGR
Name	INDA, EIKEL	Name	CASSOLA, MANUEL
Address	2224 SE 2ND ST	Address	18040 SW 149 AVE
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	MIAMI FL 33187

*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: EIKEL INDA**

**MANAGER**

**01/07/2022**

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

\_\_\_\_\_  
Date