

2021 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

PARTNER MANAGER

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date