

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000221694

Entity Name: CLAUDIA MED, LLC

Current Principal Place of Business:

190 PINE TREE DR
HONEY BROOK, PA 19344

Current Mailing Address:

190 PINE TREE DR
HONEY BROOK, PA 19344 US

FEI Number: 85-2392634

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MEMBER, AUTHORIZED
REPRESENTATIVE
Name SHERMAN, MATTHEW
Address 8429 LORRAINE RD
SUITE 160
City-State-Zip: LAKEWOOD RANCH FL 34202

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: MATTHEW SHERMAN

MEMBER

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date