

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000294471

**Entity Name:** EKOMED TEXTILE AND MEDICAL USA LLC

**Current Principal Place of Business:**

6301 NE 4TH AVE  
MIAMI, FL 33138

**Current Mailing Address:**

6301 NE 4TH AVE  
MIAMI, FL 33138 US

**FEI Number:** 85-3261563

**Certificate of Status Desired:** No

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

ACCOUNTING & BUSINESS SERVICES, INC  
8200 NE 2ND AVE  
UNIT 1  
MIAMI, FL 33138 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:** EDITH VARGAS

09/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                     |                 |                   |
|-----------------|---------------------|-----------------|-------------------|
| Title           | AMBR                | Title           | AMBR              |
| Name            | KAHYA, HULUSI HILAL | Name            | ARAL, CEMAL HARUN |
| Address         | 6301 NE 4TH AVE     | Address         | 6301 NE 4TH AVE   |
| City-State-Zip: | MIAMI FL 33138      | City-State-Zip: | MIAMI FL 33138    |

*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:** CEMAL HARUN ARAL

AMBR

09/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date