

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000080728

**Entity Name:** ALYS MEDICAL, LLC

**Current Principal Place of Business:**

1724 VALENCIA AVENUE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

623 SCRUB JAY DRIVE  
ST. AUGUSTINE, FL 32092

**FEI Number:** 86-1982984

**Certificate of Status Desired:** No

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

LEI, MARC  
623 SCRUB JAY DRIVE  
ST. AUGUSTINE, FL 32092 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 LEI, MARC  
Address 623 SCRUB JAY DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** MARC LEI

**MANAGER**

**02/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date