

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000132112

Entity Name: FVL MEDICAL LLC

Current Principal Place of Business:

13728 CHESTERSALL DR
TAMPA, FL 33624

Current Mailing Address:

13728 CHESTERSALL DR
TAMPA, FL 33624 US

FEI Number: 86-2761730

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARSONS, JANET
13728 CHESTERSALL DR
TAMPA, FL 33624 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 PARSONS, JANET
Address 13728 CHESTERSALL DR
City-State-Zip: TAMPA FL 33624

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: JANET PARSONS

MGR

04/29/2025

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date