

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000198097

**Entity Name:** SUNMED SUPPORT LLC

**Current Principal Place of Business:**

35428 DARLENE DR  
ZEPHYRHILLS, FL 33541

**Current Mailing Address:**

35428 DARLENE DR  
ZEPHYRHILLS, FL 33541 UN

**FEI Number:** 87-2305850

**Certificate of Status Desired:** No

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

LEASURE, STEPHANIE L  
35428 DARLENE DR  
ZEPHYRHILLS, FL 33541 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	LEASURE, STEPHANIE	Name	LEASURE, JOSHUA
Address	35428 DARLENE DR	Address	35428 DARLENE DR
City-State-Zip:	ZEPHYRHILLS FL 33541	City-State-Zip:	ZEPHYRHILLS FL 33541

*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:** STEPHANIE LEASURE

**MANAGER**

**03/28/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date