

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000222449

Entity Name: ESTHER MEDICAL SOLUTIONS LLC

Current Principal Place of Business:

2740 ROCHELLE DR
WINTER HAVEN, FL 33881

Current Mailing Address:

2740 ROCHELLE DR
WINTER HAVEN, FL 33881

FEI Number: 86-3819783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERRE, ESTHER
2740 ROCHELLE DR
WINTER HAVEN, FL 33881 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 PD
Name PIERRE, ESTHER
Address 2740 ROCHELLE DR
City-State-Zip: WINTER HAVEN FL 33881

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: ESTHER PIERRE

PD

01/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date