## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000257191

Entity Name: GRACE MEDICAL LLC

**Current Principal Place of Business:** 

500 NW 2ND AVE 10025

MIAMI, FL 33101

## **Current Mailing Address:**

500 NW 2ND AVE 10025 MIAMI, FL 33101 US

FEI Number: 87-1015837 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MOHAMMED, AHMED 601 NE 27TH ST APT 1208 MIAMI, FL 33137 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

04/18/2024

Date

FILED Apr 18, 2024

**Secretary of State** 

3098460580CC

## Authorized Person(s) Detail:

Title PRES

Name MOHAMMED, MOHAMMED

Address 500 NW 2ND AVE

10025

City-State-Zip: MIAMI FL 33101

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: MOHAMMED MOHAMMED PRES