

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000259260

**Entity Name:** MAUI MED LLC

**Current Principal Place of Business:**

#1042 1270 NORTH WICKHAM ROAD  
SUITE #13  
MELBOURNE, FL 32935

**Current Mailing Address:**

13140 RIDGEVIEW DRIVE  
PLATTE CITY , MO 64079 US

**FEI Number:** 87-1017368

**Certificate of Status Desired:** No

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

LOEZA, JAVIER DR.  
#1042 1270 NORTH WICKHAM ROAD SUITE #13  
MELBOURNE, FL 32935 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: JAVIER LOEZA

04/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LOEZA, JAVIER  
Address #1042 1270 NORTH WICKHAM ROAD  
SUITE #13  
City-State-Zip: MELBOURNE FL 32935

*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: JAVIER LOEZA

MANAGER

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date