

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000299788

Entity Name: RESILIENT MEDICAL, LLC

Current Principal Place of Business:

1514 MONICA STREET
DELTONA, FL 32725

Current Mailing Address:

1514 MONICA STREET
DELTONA, FL 32725

FEI Number: 87-1465030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELLE DONNE, KRISTINA L
1514 MONICA STREET
DELTONA, FL 32725 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 DELLE DONNE, KRISTINA
Address 1514 MONICA STREET
City-State-Zip: DELTONA FL 32725

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: KRISTINA DELLE DONNE

OWNER

03/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date