

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000407324

**Entity Name:** DOCURAMED, LLC

**Current Principal Place of Business:**

2404 CECILE ST  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2404 CECILE ST  
KISSIMMEE, FL 34741 US

**FEI Number:** 87-2779639

**Certificate of Status Desired:** No

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

BALL, KHALIF  
14 E MACCLENNY AVE  
MACCLENNY, FL 32063 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	AMBR	Title	AMBR
Name	BALL, KHALIF D	Name	BALL, ELVIS J
Address	2404 CECILE ST	Address	2404 CECILE ST
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

*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:** KHALIF BALL

AMBR

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date