

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000440794

**Entity Name:** MARZO MEDICAL SERVICES LLC.

**Current Principal Place of Business:**

1339 W 49TH PLACE  
APT 509  
HIALEAH, FL 33012

**Current Mailing Address:**

1339 W 49TH PLACE  
APT 509  
HIALEAH, FL 33012 US

**FEI Number:** 87-3052114

**Certificate of Status Desired:** No

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

MARZO PENA, MAGNALYS  
1339 W 49TH PLACE  
APT 509  
HIALEAH, FL 33012 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 MARZO PENA, MAGNALYS  
Address 8231 NW 8TH ST APT 214  
City-State-Zip: MIAMI FL 33126

*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:** MAGNALYS MARZO PENA

AMBR

02/03/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date