

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000484640

**Entity Name:** AVS MEDICAL LLC

**Current Principal Place of Business:**

4691 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

4691 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769 US

**FEI Number:** 87-3484911

**Certificate of Status Desired:** No

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

VEGA SANTIAGO, AGUSTIN  
4691 OLD CANOE CREEK ROAD  
SAINT CLOUD, FL 34769 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:** VEGA SANTIAGO AGUSTIN

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VEGA SANTIAGO, AGUSTIN  
Address 8149 GAMEMASTER AVE  
City-State-Zip: ORLANDO FL 32832

Title AMBR  
Name ASTRID ROSA VELEZ  
Address 8149 GAMEMASTER AVE  
City-State-Zip: ORLANDO FL 32832

*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:** AGUSTIN VEGA SANTIAGO

MGR

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date