

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000516634

Entity Name: 420MEDCARD LLC

Current Principal Place of Business:

728 BLANCHE ST.
SUITE 101
JACKSONVILLE, FL 32204

Current Mailing Address:

728 BLANCHE ST.
SUITE 101
JACKSONVILLE, FL 32204 UN

FEI Number: 88-0765622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOCKE, DANIEL W
31 WEST ADAMS ST. UNIT 1408
JACKSONVILLE, FL 32202 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 LOCKE, DANIEL
Address 31 WEST ADAMS ST. UNIT 902
City-State-Zip: JACKSONVILLE FL 32202

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: DANIEL WAYNE LOCKE

MANAGER

02/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date