## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000174044

Entity Name: AMED MASTER SERVICES LLC

**Current Principal Place of Business:** 

615 NE 22 ND ST 1501

MIAMI, FL 33137

## **Current Mailing Address:**

615 NE 22 ND ST 1501 MIAMI, FL 33137 US

FEI Number: 88-2026842 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ATTIAS LEON, AMED D 615 NE 22 ND ST 1501 MIAMI, FL 33137 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

FILED Mar 19, 2025

**Secretary of State** 

5858025560CC

## Authorized Person(s) Detail:

Title AMBR

Name ATTIAS LEON, AMED D
Address 615 NE 22 ND ST UNIT 1501

City-State-Zip: MIAMI FL 33137

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.