

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000259698

**Entity Name:** OPHTHALMOLOGY TECH SUPPLY LLC

**Current Principal Place of Business:**

4520 NW 107 AVE.  
#208  
DORAL, FL 33178

**Current Mailing Address:**

4520 NW 107 AVE.  
#208  
DORAL, FL 33178 US

**FEI Number:** 88-3069412

**Certificate of Status Desired:** No

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

MC INTERNATIONAL CONSULTING INC  
8711 NW 111TH CT  
DORAL, FL 33178 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	SANTANDER MARTINEZ, ALEJANDRA	Name	SANTANDER MARTINEZ, VICTOR P
Address	4520 NW 107 AVE. #208	Address	4520 NW 107 AVE. #208
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** SANTANDER MARTINEZ , ALEJANDRA

AMBR

04/22/2024

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

\_\_\_\_\_  
Date