

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000505521

**Entity Name:** SUN MED SERVICES LLC

**Current Principal Place of Business:**

18104 SW 5TH COURT  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18104 SW 5TH COURT  
PEMBROKE PINES, FL 33029 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ALI, SABA  
18104 SW 5TH COURT  
PEMBROKE PINES, FL 33028 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 ALI, SABA  
Address 18104 SW 5TH COURT  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** SABA ALI

MGR

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date