

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000208234

**Entity Name:** MEDEX PROS, LLC

**Current Principal Place of Business:**

407 NORTH MAIN STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

15806 SWEET LEMON WAY  
WINTER GARDEN, FL 34787

**FEI Number:** 92-3750823

**Certificate of Status Desired:** No

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

SHELTON, RYAN C  
15806 SWEET LEMON WAY  
WINTER GARDEN, FL 34787 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           MP  
Name           SHELTON, RYAN C  
Address        15806 SWEET LEMON WAY  
City-State-Zip: WINTER GARDEN FL 34787

Title           MP  
Name           CUBERO, ISMAEL  
Address        16765 TURTLE HATCH DR  
City-State-Zip: WINTER GARDEN FL 34787

Title           MP  
Name           CUBERO, GISEL  
Address        16765 TURTLE HATCH DR  
City-State-Zip: WINTER GARDEN FL 34787

Title           MP  
Name           NUNEZ, RAMON  
Address        2708 SAINT ARMAND CT  
City-State-Zip: ORLANDO FL 32825

*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:** RYAN SHELTON

**MANAGING PARTNER**

**02/19/2024**

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

\_\_\_\_\_  
Date