

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000324190

**Entity Name:** STORK MEDICAL LLC

**Current Principal Place of Business:**

65 WEST 8 ST  
APT. # 3  
HIALIEAH, FL 33010

**Current Mailing Address:**

65 WEST 8 ST  
APT. # 3  
HIALIEAH, FL 33010 FL

**FEI Number:** 93-2444005

**Certificate of Status Desired:** No

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

FONSECA, DIEGO  
5040 FRATTINA ST  
AVE MARIA, FL 34142 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 TORRENTE, JUAN SEBASTIAN  
Address 65 WEST 8 ST  
City-State-Zip: HIALIEAH FL 33010

*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:** JUAN SEBASTIAN TORRENTE

**PRESIDENT**

**04/13/2024**

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

\_\_\_\_\_  
Date