

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000552286

**Entity Name:** MD DATA LLC

**Current Principal Place of Business:**

220 E MADISON ST SUITE 201  
TAMPA, FL 33602

**Current Mailing Address:**

PO BOX 45197  
TAMPA, FL 33677

**FEI Number:** 93-4891875

**Certificate of Status Desired:** No

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

COVAULT, INC  
1205 N FRANKLIN ST STE 327  
TAMPA, FL 33602 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 PERMUY, GLENN JR  
Address PO BOX 45197  
City-State-Zip: TAMPA FL 33677

Title MGR  
Name ASCENSAO, JONATHAN  
Address PO BOX 45197  
City-State-Zip: TAMPA FL 33677

Title MGR  
Name GOBEA, RENIER  
Address PO BOX 45197  
City-State-Zip: TAMPA FL 33677

*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:** GLENN PERMUY JR

MGR

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date