

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000403746

**Entity Name:** ESTECAPELLI MEDICAL SOLUTIONS L.L.C.

**Current Principal Place of Business:**

888 BISCAYNE BOULEVARD  
#505  
MIAMI, FL 33130

**Current Mailing Address:**

888 BISCAYNE BOULEVARD  
#505  
MIAMI, FL 33130 US

**FEI Number:** 99-5086798

**Certificate of Status Desired:** No

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

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 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:** KHADIJEH HEMMATI

04/29/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BOSTAN, MUSTAFA ONUR  
Address 888 BISCAYNE BOULEVARD  
#505  
City-State-Zip: MIAMI FL 33130

Title AMBR  
Name SISMAN, EMRE  
Address 888 BISCAYNE BOULEVARD  
#505  
City-State-Zip: MIAMI FL 33130

Title AMBR  
Name KUTLAR, MEHMET HANIFI  
Address 888 BISCAYNE BOULEVARD  
#505  
City-State-Zip: MIAMI FL 33130

*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:** MUSTAFA ONUR BOSTAN

MEMBER

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date