

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000017157

**Entity Name:** ANALOGUE MEDICAL LLC

**Current Principal Place of Business:**

2219 WHITFIELD PARK DR.  
SARASOTA, FL 34243

**Current Mailing Address:**

5317 FRUITVILLE RD #527  
SARASOTA, FL 34232 US

**FEI Number:** 87-4443833

**Certificate of Status Desired:** No

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

AEGIS LAW  
615 CHANNELSIDE DR  
STE 207  
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	Title	AMBR
Name	LOPEZ, EDUARDO	Name	COX, JOSPEH BRIDGER
Address	5317 FRUITVILLE RD #527	Address	427 NW 14TH ST
City-State-Zip:	SARASOTA FL 34232	City-State-Zip:	OKLAHOMA CITY OK 73103

*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:** EDUARDO LOPEZ

AMBR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date