

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90075 001 ***110.00

DOCUMENT # L03000028245

1. Entity Name

SEDANOS INSTITUTIONAL RX LLC.



Principal Place of Business

3900 79TH AVENUE
SUITE 216
MIAMI, FL 33106

Mailing Address

3900 79TH AVENUE
SUITE 216
MIAMI, FL 33106

30000114



01172006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
14-1892397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GUERRA, ARMANDO J
STREET ADDRESS 3900 NW 79TH AVENUE, SUITE 608
CITY-ST-ZIP MIAMI, FL 33106

TITLE MGR
NAME CUERVO, LEO
STREET ADDRESS 3900 NW 79TH AVENUE, SUITE 608
CITY-ST-ZIP MIAMI, FL 33106

TITLE MGR
NAME MORA, JUAN
STREET ADDRESS 3900 NW 79TH AVENUE, SUITE 608
CITY-ST-ZIP MIAMI, FL 33106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #