

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021597

Entity Name: BSN MEDICAL LATIN AMERICA LLC**Current Principal Place of Business:**20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498**Current Mailing Address:**20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498**FEI Number:** 06-1646305**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDIVE & GARCIA, LLC
250 CATALONIA AVENUE
SUITE 705
CORAL GABLES, FL 33134 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:** ANGEL P GARCIA, MANAGER

09/14/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ESPARZA DIAZ, JUAN CARLOS
Address JAVIER BARROS SIERRA 555 5TH
FLOOR
SANTA FE
City-State-Zip: MEXICO 01210

Title MANAGER
Name BAQUERO VARGAS, CLAUDIA
PATRICIA
Address CARRERA 36 NO. 13-451
City-State-Zip: ACOPI YUMBO

Title MANAGER
Name HALL, DAVID
Address APARTMENT 3 BRANDESBURTON
HALL
REDWOOD DRIVE BRANDESBURTON
City-State-Zip: DRIFFIELD EAST RIDING OF
YORKSHIRE Y025 8UJ

Title MANAGER
Name CANTOR CORTES, PAOLA LILIANA
Address CALLE 90 #19C - 74 PISO 3
City-State-Zip: BOGOTA

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: CLAUDIA PATRICIA BAQUERO VARGAS

MANAGER

09/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date