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: JORGE A DE DIEGO

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

DOCUMENT# L04000071673

10820 NW 58TH ST. DORAL, FL 33178

10820 NW 58TH ST. DORAL, FL 33178

FEI Number: 20-1177357

Name and Address of Current Registered Agent:

JORGE DE DIEGO, M.D. 10820 NW 58TH ST. DORAL, FL 33178 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

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: DE DIEGO FAMILY LIMITED LIABILITY COMPANY

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	JORGE DE DIEGO, M.D.	Name	DE DIEGO, ANA
Address	10820 NW 58TH ST.	Address	10820 NW 58TH ST.
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

MANAGER

04/29/2021 Date

FILED Apr 29, 2021 Secretary of State 8599443821CC

Certificate of Status Desired: Yes

Date