

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080243

Entity Name: CEPLAST MEDICAL DEVICES, LLC**Current Principal Place of Business:**201 S.BISCAYNE BOULEVARD, STE. 1200
MIAMI, FL 33131**Current Mailing Address:**201 S.BISCAYNE BOULEVARD, STE. 1200
MIAMI, FL 33131 US**FEI Number:** 20-3309047**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** CARLOS CEZAR BARROS REIS

04/06/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	BARROS REIS, CARLOS CEZAR
Address	AV BORGES DE MEDEIROS N 3165 STE 501 LAGOA
City-State-Zip:	RIO DE JANEIRO RJ 22470-001

Title	MGRM
Name	DE OLIVEIRA REIS, TEREZA C
Address	AV BORGES DE MEDEIROS N 3165 STE 501 LAGOA
City-State-Zip:	RIO DE JANEIRO RJ 22470-001

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: TEREZA DE OLIVEIRA REIS

MGRM

04/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date