

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000046399

Entity Name: COMPLEMENTARY AND ALTERNATIVE MEDICINE, LLC

Current Principal Place of Business:

2981 SW 5TH STREET
MIAMI, FL 33135

Current Mailing Address:

2981 SW 5TH STREET
MIAMI, FL 33135 US

FEI Number: 45-2046131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAMEZ, EURYS D
2981 SW 5 ST
MIAMI, FL 33135 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: EURYS D GAMEZ

02/23/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GAMEZ, EURYS	Name	GAMEZ, GLORIA
Address	2981 SW 5TH STREET	Address	2981 SW 5TH STREET
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	MIAMI FL 33135

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: GLORIA GAMEZ

MANAGER

02/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date