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. 05/03/2019 PRESIDENT

SIGNATURE: MARIA FERNANDA VALDIVIESO

Electronic Signature of Signing Authorized Person(s) Detail

SIG

Aut

VP	Title	PRESIDENT
MARQUEZ, IRVING	Name	VALDIVIESO, MARIA FERNANDA
7921 NW 67 ST	Address	7921 NW 67 ST
MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166
	MARQUEZ, IRVING 7921 NW 67 ST	MARQUEZ, IRVING Name 7921 NW 67 ST Address

NATURE	:				
	Electronic Signature of Registered Agent				
horized Person(s) Detail :					
•	VP	Title	PRESIDENT		
ne	MARQUEZ, IRVING	Name	VALDIVIESO, MARIA FERNANDA		

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.

DOCUMENT# L12000051126

Entity Name: SUMINISTRO MEDICOS ARISAN CA LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

7921 NW 67 ST MIAMI, FL 33166

Current Mailing Address:

7921 NW 67 ST MIAMI, FL 33166 US

FEI Number: 45-5062649

Name and Address of Current Registered Agent:

MARQUEZ, IRVING 7921 NW 67 ST MIAMI, FL 33166 US

FILED May 03, 2019 Secretary of State 2137051062CC

Certificate of Status Desired: No

Date

Date