

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093531

**Entity Name:** CLINOVATION RESEARCH, L.L.C.

**Current Principal Place of Business:**

8339 NW 12TH ST  
DORAL, FL 33126

**Current Mailing Address:**

2700 GLADES CIR SUITE 142  
WESTON, FL 33327 US

**FEI Number:** 46-3085588

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

APITZ, RAFAEL  
4160 CASCADE TERRACE  
WESTON, FL 33332 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name APITZ, RAFAEL  
Address 2733 KINSINGTON CIRCLE  
City-State-Zip: WESTON FL 33332

Title MGR  
Name VILORIA, ALEJANDRO  
Address 1644 ORION LANE  
City-State-Zip: WESTON FL 33327

*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:** RAFAEL APITZ

**MGR**

**02/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date