

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177928

**Entity Name:** TOMEUGENE, LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BOULEVARD  
SUITE 304  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2199 PONCE DE LEON BOULEVARD  
SUITE 304  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-5651769

**Certificate of Status Desired:** No

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

KRINZMAN, ALAN E ESQ.  
MAIMI TOWER  
100 SE 2ND ST STE 3105  
MIAMI, FL 33131 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 ROTHE, EUGENIO M.D.  
Address 2199 PONCE DE LEON BOULEVARD,  
SUITE 304  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name BRUCE, THOMAS P PSY.D.  
Address 2199 PONCE DE LEON BOULEVARD,  
SUITE 304  
City-State-Zip: CORAL GABLES FL 33134

*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:** EUGENIO ROTHE

**OFFICER OF THE  
CORPORATION**

**03/19/2020**

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

\_\_\_\_\_  
Date