

**2016 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:** Yes

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

KRINZMAN, ALAN E ESQ.  
ASSOULINE & BERLOWE, P.A.  
3250 MARY STREET, SUITE 100  
MIAMI, FL 33133 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	Title	MGRM
Name	ROTHE, EUGENIO M.D.	Name	BRUCE, THOMAS P PSY.D.
Address	2199 PONCE DE LEON BOULEVARD, SUITE 304	Address	2199 PONCE DE LEON BOULEVARD, SUITE 304
City-State-Zip:	CORAL GABLES FL 33134	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 M. ROTHE

**OFFICER**

**03/07/2016**

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

\_\_\_\_\_  
Date