

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000092297

**Entity Name:** DR. DE ARMAS RESEARCH CENTER, LLC**Current Principal Place of Business:**11373 WEST FLAGLER STREET  
SUITE 212  
MIAMI, FL 33174**Current Mailing Address:**11373 WEST FLAGLER STREET  
SUITE 212  
MIAMI, FL 33174**FEI Number:** 47-1071114**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE ARMAS, LUIS  
11373 WEST FLAGLER STREET  
SUITE 212  
MIAMI, FL 33174 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 MGR  
Name GONZALEZ, REBECA  
Address 14950 SW 64 STREET  
City-State-Zip: MIAMI FL 33193Title MGR  
Name DE ARMAS, LUIS E MD  
Address 11373 WEST FLAGLER STREET,  
SUITE 212  
City-State-Zip: MIAMI FL 33174Title MGR  
Name DE ARMAS, MARIA E  
Address 11373 WEST FLAGLER STREET,  
SUITE 213  
City-State-Zip: MIAMI FL 33174Title MGR  
Name COSTA, NORA  
Address 290 NW 109 AVE  
APT 112  
City-State-Zip: MIAMI FL 33172

*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:** REBECA GONZALEZ**MANAGER****03/12/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date