

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000060093

**Entity Name:** TRIMED LATIN AMERICA LLC

**Current Principal Place of Business:**

8333 NW 53 STREET, SUITE 450  
DORAL, FL 33166

**Current Mailing Address:**

8333 NW 53 STREET, SUITE 450  
DORAL, FL 33166 US

**FEI Number:** 47-3661562

**Certificate of Status Desired:** Yes

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

DECASTELLI, DANIEL  
8333 NW 53 STREET, SUITE 450  
DORAL, FL 33166 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 DECASTELLI, DANIEL  
Address 8333 NW 53 STREET, SUITE 450  
City-State-Zip: DORAL FL 33166

Title MGR  
Name MEDOFF, DAVID  
Address 27533 AVENUE HOPKINS  
City-State-Zip: VALENCIA CA 91355

Title MGR  
Name TELLMAN, LARS  
Address 27533 AVENUE HOPKINS  
City-State-Zip: VALENCIA CA 91355

*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:** DANIEL DECASTELLI

MGR

01/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date