#### 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: CARLOS E ALONSO

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

01/16/2018

**Current Principal Place of Business:** 

Entity Name: LENUS RESEARCH & MEDICAL GROUP, LLC

1414 NW 107 AVENUE 214 SWEETWATER, FL 33172

# **Current Mailing Address:**

DOCUMENT# L15000095149

1414 NW 107 AVENUE 214 SWEETWATER, FL 33172 UN

# FEI Number: 47-4166027

# Name and Address of Current Registered Agent:

ALONSO, CARLOS E 8340 SW 43 STREET MIAMI, FL 33155 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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ALONSO, CARLOS	Name	REYNO, YELENIA
Address	8340 SW 43 STREET	Address	1414 NW 107 AVENUE 214
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	SWEETWATER FL 33172

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Jan 16, 2018 Secretary of State CC3276157887

Certificate of Status Desired: No

Date