#### The above named entity submits this statement for the purpose of changing its a giata rad affic r both in the State of Florid

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:	GNATURE: RAFAEL E. SOSA			06/18/2020	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title I	MGR	Title	MGR		
Name	LOPEZ DE MENDOZA, VICTOR	Name	THORNE, ROBERT		
	3971 SW 8TH STREET SUITE 305	Address	3971 SW 8TH STREET SUITE 305		
City-State-Zip:	MIAMI FL 33134-2951	City-State-Zip:	MIAMI FL 33134-2951		

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L15000160814

Entity Name: MENTHOR MEDICAL HOLDINGS LLC

**Current Principal Place of Business:** 

3971 SW 8TH STREET SUITE 305 MIAMI, FL 33134-2951

#### **Current Mailing Address:**

3971 SW 8TH STREET SUITE 305 MIAMI, FL 33134-2951 US

## FEI Number: 47-5137679

### Name and Address of Current Registered Agent:

RAFAEL E. SOSA, P.A. 3971 SW 8TH STREET SUITE 305 MIAMI, FL 33134-2951 US

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: ROBERT THORNE

Electronic Signature of Signing Authorized Person(s) Detail

#### 06/18/2020

# FILED Jun 18, 2020 Secretary of State 7946600446CC

Certificate of Status Desired: No

MANAGER