

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000037034

Entity Name: AVENTURA CLINICAL RESEARCH LLC.

Current Principal Place of Business:

6481 WEST 14 AVENUE
HIALEAH, FL 33012

Current Mailing Address:

6481 WEST 14 AVENUE
HIALEAH, FL 33012 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUIZ, WILLIAM
6481 WEST 14 AVENUE
HIALEAH, FL 33012 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 AMBR
Name RUIZ, WILLIAM
Address 6481 WEST 14 AVE
City-State-Zip: HIALEAH FL 33012

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: WILLIAM RUIZ

PRESIDENT

04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date