

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000226816

**Entity Name:** SANELMED, PLLC

**Current Principal Place of Business:**

18800 NE 29TH AVENUE  
#806  
AVENTURA, FL 33180

**Current Mailing Address:**

18800 NE 29TH AVENUE  
#806  
AVENTURA, FL 33180 US

**FEI Number:** 81-4710354

**Certificate of Status Desired:** No

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

RUIZ, JORGE  
5599 S UNIVERSITY DR  
SUITE 306  
DAVIE, FL 33029 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:** JORGE RUIZ

04/04/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SANCHEZ-CRESPO, NELIA E  
Address 18800 NE 29TH AVENUE #806  
City-State-Zip: AVENTURA FL 33180

*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:** SANCHEZ-CRESPO , NELIA E

MEMBER

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date