

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000058766

FILED
Aug 30, 2021
Secretary of State
0169668512CC

Entity Name: BIOMEDICAL REGENERATIVE GF, LLC.

Current Principal Place of Business:

2041 BETHEL BLV.
BOCA RATON, FL 33486

Current Mailing Address:

2041 BETHEL BLV.
BOCA RATON, FL 33486 UN

FEI Number: 82-0802211

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SANTAMARIA, CLAUDIA
2041 BETHEL BLV.
BOCA RATON, FL 33486 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: CLAUDIA SANTAMARIA

08/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name SANTAMARIA, CLAUDIA
Address 2041 BETHEL BLV
City-State-Zip: BOCA RAON FL 33486

Title VP
Name GOEZ, CATALINA
Address 2041 BETHEL BLV.
City-State-Zip: BOCA RATON FL 33486

Title TREASURER
Name SANTAMARIA, CLAUDIA
Address 2041 BETHEL BLV
City-State-Zip: BOCA RAON FL 33486

Title COO
Name CARDONA, BRIGITTE
Address 570 DURHAM T
 T
City-State-Zip: DEERFIELD BEACH FL 33442

Title CEO
Name JARAMILLO, JUAN MARTIN
Address 8150 WEST MNAB RD.
 APT 411
City-State-Zip: TAMARAC FL 33321

Title OTHER, MEMBER
Name BERNAL, ALEJANDRO
Address 4371 NW 3RD AVE
City-State-Zip: BOCA RATON FL 33431

Title OTHER, MEMBER
Name HWAN, ROBERT
Address 280 N. CENTRAL AVE.
 SUITE 482
City-State-Zip: HARTSDALE NY 10530

Title OTHER, MEMBER
Name TILDEN , BOBBITT
Address 1305 GREENE S
City-State-Zip: MARIETTA OH 45750

Continues on page 2

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: CLAUDIA SANTAMARIA

PRESIDENT

08/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title OTHER, MEMBER
Name VELASQUEZ, JUAN JOSE
Address 706 NW. 87 AVE.
City-State-Zip: MIAMI FL 33172

Title OTHER, MEMBER
Name CHOI, DAVID
Address 10040 STERLING TERRACE
City-State-Zip: ROCKVILLE MD 20850

Title OTHER, MEMBER
Name PUERTA, MARGARITA
Address 20792 EAGLE CREEK CT
City-State-Zip: BOCA RATON FL 33498