

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000058766

**Entity Name:** BIOMEDICAL REGENERATIVE GF, LLC.

**Current Principal Place of Business:**

3401 N FEDERAL HWY  
SUITE 220  
BOCA RATON, FL 33431

**FILED**  
**Apr 19, 2024**  
**Secretary of State**  
**6127301880CC**

**Current Mailing Address:**

570 DURHAM T  
DEERFIELD BEACH, FL 33442 US

**FEI Number: 82-0802211**

**Certificate of Status Desired: No**

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

CARDONA, BRIGITTE  
570 DURHAM T  
DEERFIELD BEACH, FL 33442 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: BRIGITTE CARDONA**

**04/19/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

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

Title VP  
Name HWANG, 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

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

Title ASST. TREASURER  
Name CHOI, DAVID  
Address 10040 STERLING TERRACE  
City-State-Zip: ROCKVILLE MD 20850

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

*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: BRIGITTE CARDONA**

**PRESIDENT**

**04/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date