

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000058766

**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: No**

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

TORO, DORA  
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: DORA TORO**

**01/06/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            TORO, DORA  
Address        2041 BETHEL BLV.  
City-State-Zip: BOCA RATON 33486

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

Title            DIRECTOR  
Name            CORTEZ, NOELIA  
Address        2041 BETHEL BLV  
City-State-Zip: BOCA RAON FL 33486

Title            SECRETARY  
Name            JARAMILLO, JUAN  
Address        2041 BETHEL BLV  
City-State-Zip: BOCA RAON FL 33486

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

*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: DORA TORO**

**PRESIDENT**

**01/06/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date