

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098912

**Entity Name:** TRUMAN SALUD LLC

**Current Principal Place of Business:**

2414 NW 87TH PLACE  
SUITE 2414  
DORAL, FL 33172

**Current Mailing Address:**

2414 NW 87TH PLACE  
SUITE 2414  
DORAL, FL 33172 US

**FEI Number:** 37-1858473

**Certificate of Status Desired:** No

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

F&L ACCOUNTING SERVICES LLC  
2414 NW 87TH PLACE  
SUITE 2414  
DORAL, FL 33172 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:** MONICA LOPEZ

03/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	LARRINAGA, EDUARDO	Name	SANCHEZ, MATIAS L
Address	2414 NW 87TH PLACE SUITE 2414	Address	2414 NW 87TH PLACE SUITE 2414
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

*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:** EDUARDO LARRINAGA

OWNER

03/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date