

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000113481

**Entity Name:** LBF BIOTECHNOLOGIES LLC

**Current Principal Place of Business:**

8200 NW 41ST STREET, SUITE 200-38  
DORAL, FL 33166

**Current Mailing Address:**

8200 NW 41ST STREET, SUITE 200-38  
DORAL, FL 33166 US

**FEI Number:** 35-2628425

**Certificate of Status Desired:** No

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

ROMAR INTERNATIONAL LLC  
14334 BISCAYNE BLVD  
NORTH MIAMI, FL 33181 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARTINS DUARTE, PATRICIA C.  
Address 8200 NW 41ST STREET, SUITE 200-38  
City-State-Zip: DORAL FL 33166

Title AMBR  
Name DE ANDRADE SOARES, ALEXANDRE  
Address RUA TEIXEIRA DE MELO, 335 APTO.  
2201  
City-State-Zip: SAO PAULO SP 03067-000

Title AMBR  
Name DE OLIVEIRA ANDRADE SOARES,  
NADIA CAROLINA  
Address RUA TEIXEIRA DE MELO, 335 APTO.  
2201  
City-State-Zip: SA PAULO 03067-0000

*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:** PATRICIA C. MARTINS DUARTE

**MANAGER**

**01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date