

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000040834

**Entity Name:** MILLENIUM THERAPEUTICS LLC

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD.  
200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1805 PONCE DE LEON BLVD.  
200  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

BECERRA, MARBI  
11450 NW 67 TERRACCE  
DORAL, FL 33178 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	Title	MEM
Name	ROMERO, LUIS DR	Name	COLMAN, JOHN
Address	11450 NW 67 TERRACE	Address	11450 NW 67 TERRACE
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	AP	Title	AP
Name	STEVENS, PAUL	Name	BECERRA, MARBI
Address	1805 PONCE DE LEON BLVD. SUITE 1200	Address	11450 NW 67 TERRACE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	DORAL FL 33178

*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:** LUIS ROMERO

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date