

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000060086

**Entity Name:** MEDEPA LLC**Current Principal Place of Business:**1 GROVE ISLE DR  
APT #308  
MIAMI, FL 33133**Current Mailing Address:**1 GROVE ISLE DR  
APT #308  
MIAMI, FL 33133 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DEMPAIRE, MANUEL  
1 GROVE ISLE DR  
APT #308  
MIAMI, FL 33133 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 MGRM  
Name DEMPAIRE, MANUEL  
Address 1 GROVE ISLE DR  
APT #308  
City-State-Zip: MIAMI FL 33133Title MANAGER  
Name DEMPAIRE, MANUEL  
Address 1 GROVE ISLE DR  
APT #308  
City-State-Zip: MIAMI FL 33133Title MANAGER  
Name PARRA DE DEMPAIRE, MARIELA  
Address 1 GROVE ISLE DR  
APT #308  
City-State-Zip: MIAMI FL 33133Title MANAGER  
Name DEMPAIRE, MARIANNE  
Address 1 GROVE ISLE DR  
APT #308  
City-State-Zip: MIAMI FL 33133Title MANAGER  
Name DEMPAIRE, ERNESTO  
Address 1 GROVE ISLE DR  
APT #308  
City-State-Zip: MIAMI FL 33133

*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:** MANUEL DEMPAIRE

MANAGER

01/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date