

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000159617

**Entity Name:** CORPORACION METROMEDICA CA LLC**Current Principal Place of Business:**9958 NW 29TH STREET  
DORAL, FL 33172**Current Mailing Address:**9958 NW 29TH STREET  
DORAL, FL 33172 US**FEI Number:** 61-1968435**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHACON MORENO, JIKLOR  
9958 NW 29TH STREET  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGR
Name	CHACON MORENO, JIKLOR
Address	9958 NW 29TH STREET
City-State-Zip:	DORAL FL 33172

Title	MGR
Name	LOPEZ GONZALEZ, ASTRID
Address	9958 NW 29TH STREET
City-State-Zip:	DORAL FL 33172

Title	MGR
Name	CHACON LOPEZ, PATRICIA VALENTINA
Address	9958 NW 29TH ST
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:** JIKLOR CHACON MORENO

MGR

04/28/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date