

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000262310

**Entity Name:** MEDICINE OF BREATH LLC

**Current Principal Place of Business:**

1251 NE 108TH STREET  
# 520  
MIAMI, FL 33161

**Current Mailing Address:**

1251 NE 108TH STREET  
# 520  
MIAMI, FL 33161 US

**FEI Number:** 85-2832179

**Certificate of Status Desired:** No

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

MUNOZ, GYOVANY  
1251 NE 108TH STREET  
# 520  
MIAMI, FL 33161 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:** GYOVANY MUNOZ

04/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MUNOZ, GYOVANY  
Address 1251 NE 108TH STREET  
# 520  
City-State-Zip: MIAMI FL 33161

*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:** GYOVANY MUNOZ

OWNER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date